

'A RARE VOICE OF TRUTH'
THE SPECTATOR

If Symptoms Persist

Theodore
Dalrymple

IF SYMPTOMS PERSIST

Theodore Dalrymple



Monday Books

www.mondaybooks.com

If Symptoms Persist

© Theodore Dalrymple, 2011

The following articles all appeared in *The Spectator*

First published in book form in the United Kingdom by André Deutsch Ltd, as *If Symptoms Persist* (in 1994) and *If Symptoms Still Persist* (in 1996).

The right of Theodore Dalrymple to be identified as the Author of this work has been asserted by him in accordance with the Copyright, Designs and Patents Act 1988

All rights reserved. Apart from any use permitted under UK copyright law no part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, without the prior written permission of the publisher, nor be otherwise circulated in any form of binding or cover other than that in which it is published and without a similar condition being imposed on the subsequent purchaser

eBook conversion by www.ebookgenie.co.uk

www.mondaybooks.com

<http://mondaybooks.wordpress.com/>

info@mondaybooks.com

ABOUT THE AUTHOR



Author, doctor, psychiatrist and journalist Theodore Dalrymple was born in London in 1949 to a German mother and Russian father. After qualifying as a doctor in 1974, he chose to travel and take his trade to the far flung shores of Zimbabwe, Tanzania, South Africa and the Gilbert Islands. When he returned to the United Kingdom he worked in the East End of London and then inner city Birmingham in a hospital and the nearby prison. His medical work has brought him into contact with drug addicts and alcoholics, career criminals and sex offenders, the mentally disturbed and battered wives and their lives have inspired him to write. He has also appeared as an expert witness in numerous murder trials.

Dalrymple has written widely and regularly for publications as diverse as *The Spectator*, *The New Statesman*, *The Times*, *The*

Times Literary Supplement, The Daily Telegraph, The Sunday Telegraph, The Sunday Times, and The British Medical Journal, as well as many prestigious American magazines and newspapers.

He also writes under his real name Anthony Daniels. Now retired from medical work, he is still a prolific writer and divides his time between the UK and France.

Praise for Theodore Dalrymple

'The harsh truths he tells are all the more shocking because the media, in general, is unwilling to tell them'

Daily Telegraph

'Dalrymple's clarity of thought, precision of expression and constant, terrible disappointment give his dispatches from the frontline a tone and a quality entirely their own... their rarity makes you sit up and take notice'

The Spectator

'He actually cares about the people at the bottom of the social heap while public sector jobsworths and slimy politicians only pretend to'

Daily Express

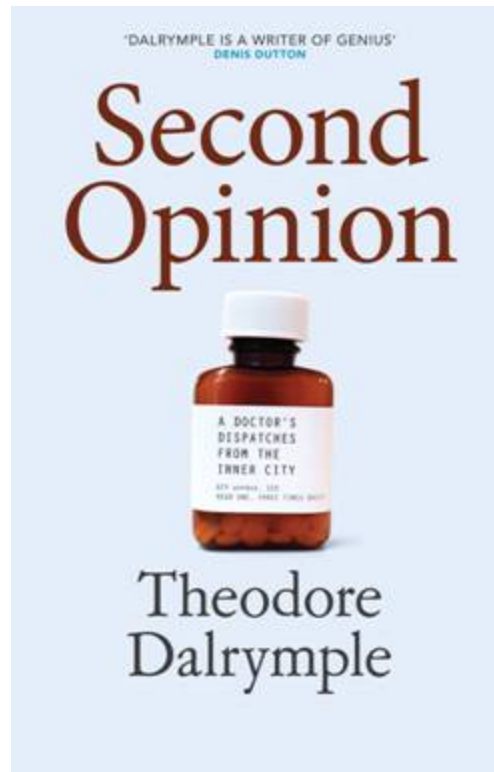
'He could not be further from the stereotype of the 'little Englander'
conservative... he is arguably our greatest living essayist'

Standpoint

‘Dalrymple’s is the crystal voice of reason.’

Literary Review

ALSO BY THEODORE DALRYMPLE



[SECOND OPINION](#)

“Last week, a patient arrived in the prison, a fit (though presumably not very skilful) young burglar.

‘Are you on any treatment?’ I asked him.

‘Yes,’ he said. ‘DF 118, diazies and amitrippiline.’

An opiate analgesic, an addictive tranquilliser and an anti-depressant.

‘Why?’ I asked.

‘Backache,’ he replied.

‘Ah, a burglar with a backache.’ I said.

He smiled at me, and I smiled back. Then we had a good chuckle together. I knew, he knew I knew, I knew he knew I knew, and he knew I knew he knew I knew.

‘Nice one, Doctor,’ he said as he left the room, in excellent spirits.”

Drug addicts and desperate drunks, battered wives and suicidal burglars, elderly Alzheimer's sufferers and teenage stabbing victims all pass through Theodore Dalrymple's surgery and he exposes, with humour and incite, the unseen horror of modern life as never before.

[LIFE AT THE BOTTOM](#)

“On the street, which was ankle-deep in discarded fast-food wrappings, I saw a woman who had pulled down her slacks and tied a pair of plastic breasts to her bare buttocks, while a man crawled after her on the sidewalk, licking them. At midnight along this street – with the sound of rock music pounding insistently out of club doors presided over by steroid-inflated bouncers, among men vomiting into the gutters – I saw children as young as six, unattended by adults, waiting for their parents to emerge from their nocturnal recreations.”

'Life at the Bottom' has been called 'a timeless classic' and 'a work of genius' by American critics.

Here Dalrymple writes about crime, culture and the collapse of the British way of life from an unashamedly conservative perspective – and he lays the blame squarely on the shoulders of the liberal intellectuals, who tend 'not to mean quite what they say, and express themselves more to flaunt the magnanimity of their intentions than to propagate truth'.

THE EXAMINED LIFE

"'Why are you wearing that face mask?' asked one of the security guards.

'Germs, of course,' I said. 'Ubiquitous - they're everywhere.'

'They are for us, too,' he said, 'and we're not wearing masks.'

This was exactly the same argument as the doctor uses.

'What consolation was it to the victims of the Black Death that there were millions of other victims?' I said.

'The Black Death?' said the security guard to his colleague. 'What's he on about?'"

A brief and witty satire on contemporary health and safety culture.

The unnamed anti-hero is a man who takes to heart every tabloid newspaper health scare, guards himself against every conceivable illness and worries endlessly about his mortality. He wears protective clothing to go shopping when he can't shop on-line and every inch of

unprotected skin is smeared in various creams and lotions. Unfortunately, his caution is his eventual undoing as this elegantly written and amusing novella reaches its climax.

NOT WITH A BANG BUT A WHIMPER

A beautifully-written and thought-provoking collection of essays on social, political and literary issues as diverse as violent crime on Britain's streets, the effects of the welfare state, modern architecture and the respective merits of Shakespeare and Dr. Johnson. Dalrymple uses examples from his long career as a prison doctor and his travels to every corner of the globe to illustrate his central view - that Britain is in the throes of social, cultural and political decline.

ANYTHING GOES

Britain and the West are mired in a culture of untruth, wilful blindness and ideologically-motivated deceit, argues Theodore Dalrymple in this collection of brilliant and beautifully-written essays. This has had a variety of effects - some trivial, others less so. From political correctness among doctors to the ruinous failures of the *World Health Organisation*, from riots in London to sex changes for 12-year-olds, from the end of free speech to the strange fury of

evangelical atheists, and from the collapse of our bubble economy to the failure of the criminal justice system, it all goes back to the death of honesty.

THE POLICEMAN AND THE BROTHEL

A Victorian Murder

Deep in the bleak winter of 1846... Jersey is home to tens of thousands of rough-and-ready sailors, who spend their time drinking, chasing loose women and gambling through the teeming and chaotic streets.

The job of keeping order in the crowded dockside tenements, raucous brothels and riotous public houses falls to elected centeniers – such as the respected and feared George Le Cronier. There have already been two brutal murders on the island in the last couple of weeks. And now Le Cronier is on his way to arrest the madame of a notorious brothel...

The Policeman and the Brothel tells the true story of what came next – one of the most gruesome and notorious murders the island has seen.

OUR CULTURE, WHAT'S LEFT OF IT

A searing and elegantly-composed indictment of what he sees as the betrayal of the poor by an intellectual elite, led to Dalrymple being called 'the new Orwell' by American critics. Here Dalrymple writes about subjects as diverse as the legalisation of drugs, the death of Princess Diana and Marxism; art and literature and colonialism

CONTENTS

ABOUT THE AUTHOR

ALSO BY THEODORE DALRYMPLE

FOREWORD

ALL THOSE SNIVELLING WHEEDLERS

CAN'T YOU HYPNOTISE ME?

HOW BAD IS THE ARTHURITIS?

BEING AN OBLIGING SORT OF CHAP

ONE'S ENEMY'S ENEMY IS NOT ALWAYS ONE'S FRIEND

HE KILLED TWO BIRDS WITH ONE STONE

I WENT THROUGH THE PROPER CHANNELS

THE RAPIST'S FAMOUS APPLE CRUMBLE

YOU CAN HAVE TOO MUCH QUALITY

SHE PROPOSED TO HAVE THE TOE-RAG'S CHILD

VINDICATED PATIENTS

IF YOU TICKLE US DO WE NOT LAUGH?

FOR THE BRIEFEST OF MOMENTS

PULLULATING GRAPHOMANIACS

THE HEROIC STRUGGLE

SHE WAS INTERESTED IN LIBERATION ISSUES

IT'S GOOD FOR MY INCOME

SHE'D KNOWN HIM FOR AGES

EXERCISING MY RIGHTS

DESTINED FOR MISERY

THINGS TURN OUT BADLY IN THE END

I HAVE NO THIRST FOR MARTYRDOM

HE RAN OUT OF HALF-SISTERS

NOT A FEW TREAT ME AS AN ORACLE

A TRUTH UNIVERSALLY ACKNOWLEDGED

I HAVE NEVER REALLY BELIEVED IN HEALTH EDUCATION

WHAT DO THEY EXPECT?

WE DON'T SEE MUCH OF EACH OTHER

CAREER-PROMOTING VERBIAGE

IT'S ALL VERY PUZZLING

THE ETHNOSENSITIVE TERMINOLOGY FOR COFFEE

LAWYERS ARE VANDALS

HE REMEMBERED NOTHING BUT HIS INNOCENCE

MY LITTLE JOKE WENT UNHEEDED

DISCONNECTED NEURONES

THE VERB 'TO PP-9'

THEY HARDLY EVER KNOW

AN EMBLEM OF OUR DECLINE

I CONSIDER MYSELF NEAR THE TOP OF THE PILE

MY OWN INFREQUENT MOMENTS OF PARANOIA

IN THOSE DAYS I WAS A LIBERAL

WE ARE LEARNED MEN, WITH HALF-MOON SPECTACLES

HE HAD NEVER DONE NOTHING SERIOUS

HE TOOK MY ADVICE AT ONCE

HAVE NOTHING TO DO WITH DEATH

A RETIRED ADMIRAL FROM THE ENVIRONS OF
WINCHESTER

ALWAYS INTERESTED IN SMALL INTELLECTUAL PUZZLES

THE REAL HIM WOULDN'T ROB A POST OFFICE

WHAT THE DOCTOR'S REALLY TRYING TO SAY

I TAUGHT HIM TO RECITE THE OATH

MY SCHEME TO IMPROVE BRITISH MANNERS

HE CAUGHT SYPHILIS WHEN TORPEDOED

COOKING THEIR GOOSE

HE DIDN'T WANT TO PAY FOR IT

SOMEWHAT GRANDIOSE IDEAS

'EXCUSE ME,' I SAID TO THE MURDERER

SHE ASKED HIM NOT TO STRANGLE HER IN FRONT OF THE
CHILDREN

THE MINISTER WOULD NOT STOOP SO LOW

THE ETERNAL STRUGGLE BETWEEN DOCTOR AND PATIENT

AS FREQUENTLY OUT OF HIS HEAD AS IN

MY NEXT PATIENT HAD DISCOVERED RELATIVITY THEORY

EASILY LED TO THE STUDY OF MATHEMATICS

I POINT NO FINGER, I BLAME NO ONE

HIS THOUGHT PROCESSES WERE DISTINCTLY UNUSUAL

THE WHOLE MEANING OF LIFE

A LITTLE LIGHT PIMPING

WHAT KIND OF LIFE *IS* WORTH LIVING?

YOU KNOW WHAT FOOTBALL'S ALL ABOUT

WHO SAID ANYTHING ABOUT ANAESTHETIC?

GOVERNMENT OF MORONS, BY MORONS, FOR MORONS

PATIENTS ARE GETTING ABOVE THEMSELVES

HIS MATE'S RABBIT WAS EVEN WORSE

A WHIPPED-DOG EXPRESSION BRINGS OUT THE WORST IN
ME

THERE WAS MUCH JOKING IN THE CASUALTY DEPARTMENT
MIDDLE-AGED MEN SINCE PLATO

A LIFETIME IN THE ASYLUM WAS EXCESSIVE

I PLANNED A CLOAK AND DAGGER OPERATION

THE ABYSS OF MODERN LIFE

I COULD SMELL HIS FEET IN MY MIND'S NOSE

ALL THIS PAIN, AND YOU GIVE ME A PAINKILLER?

YOU CAN ONLY BE MURDERED ONCE

I HESITATE TO PEN A CLICHÉ

I TRY TO BE BROADMINDED

A GOOD MAN IS ABOVE THE PRICE OF COCAINE

I'VE NEVER BROKE INTO NO HOUSES IN HIGHGATE

THE ODD MORALS OF MUGGERS

NO FUCKER GIVES A SHIT

THE FOURTH WORLD CONFERENCE OF WOMEN

AM I UNDULY HARSH?

HE DID NOT EVEN ASK THAT I SORT HIS HEAD OUT

DOCTORS AREN'T UNDERSTANDING ENOUGH
SHE DIDN'T SEE THE POINT, LIKE
THE PERFECT BUREAUCRATIC SOLUTION
HIS MIND WAS GOING TEN TO THE DOZEN
NOTHING HAD CHANGED IN MY ABSENCE
A TOUCH OF CANCER
IN A GOOD MOOD FOR THE WARDS
MY FUTILE QUEST FOR IMMORTALITY
BLOOD ON THE WALLS
I MUST CONFESS THAT I LAUGHED
FORTUNATELY, A SUBCOMMITTEE WAS APPOINTED
DETERRENCE AND RETRIBUTION DO WORK!
SHE NEEDED TO HAVE BEEN BORN SOMEONE ELSE
HE ONLY DRANK FOR SOCIALISM
I JUST LOSE IT. MY HEAD GOES.
A VACATION FROM MY MIND
HIS LAWYER WONDERED, AT PUBLIC EXPENSE
TREATING GAS GANGRENE WITH HYPNOTHERAPY
HIS MISSIS WAS WINDING HIM UP
THE LIFE-BLOOD OF HYPOCHONDRIASIS

[HIS NEXT SPELL OF FREEDOM WAS BRIEF](#)

[THE HIERARCHY OF MADNESS](#)

[WORKING FOR A BETTER TOMORROW](#)

[DALRYMPLE'S SYNDROME](#)

[HE BLAMED HIS PARENTS](#)

[THE PRINCIPLES OF MANAGEMENT](#)

[THE DIFFERENCE BETWEEN MAN AND ANIMAL](#)

[MORE FROM MONDAY BOOKS](#)

FOREWORD

It is now twenty years since Dominic Lawson, then newly-appointed as editor, asked me to write a weekly medical column in *The Spectator*.

He did not want a column of advice to readers as to what they should do if they had spots or a raised level of molybdenum in their blood, such as was available in the hypochondriac's page of every daily newspaper; no, he wanted a chronicle of life in the raw. Working in the poorest area of a large city, and visiting prison often, I was in a position to provide it.

Having worked in several countries of the so-called Third World, and having travelled extensively through all the continents, I was convinced that the poverty of spirit to be found in an English slum was the worst to be found anywhere. More flagrant injustices by far, worse physical conditions, greater exposure to violence, were of course to be encountered elsewhere: but for sheer apathy, for spiritual, emotional, educational and cultural nihilism and vacuity, you must go to an English slum.

Nowhere in the world – at least in my experience – were people to be found who had so little feeling of control over, or responsibility for, their own lives and behaviour. Indeed, patients often spoke to me of the course of their lives as if it were totally unconnected with what they themselves had done or how they had behaved. Often they talked, incoherently, of an immaculate self, untouched by human

conduct and preserved from the ravages of vice and folly: the psychobabble of the slums. Not surprisingly, they were awaiting a political or economic dispensation that would relieve them of their woes.

They – the Social, the doctor, the Housing, the Council, the Government – would make them whole. This was an illusion which politicians were all too happy to foster, for it increased their self-importance and no doubt won them votes.

I am not now speaking of a tiny ghetto, an island of despairing passivity lying off the coast a continent of hopeful activity. I am speaking of a considerable proportion of our population. After all, foreigners often remark that half of England looks like a slum, whatever the figures for the GDP per head may say; and its people look crushed and defeated. Forty million foreigners can't be wrong.

But crushed and defeated by what, exactly? I have my theories, but this is not the place to expound them.

The first step is to admit the phenomena, which is a painful enough process: for, as any doctor knows, the patient often strenuously denies his symptoms to himself before finally consulting the doctor. He wants to believe that nothing has happened to him, that he can carry on in the same old way.

In the twenty years that have elapsed since I began writing the column, however, the symptoms described in *If Symptoms Persist* have definitely persisted. This is hardly surprising: the social trends and cultural attitudes I recorded were unlikely to disappear in the twinkling of an eye, or by government fiat – even supposing the government wanted them to disappear, which is also unlikely.

I once sat next at a lunch to a distinguished former BBC correspondent, a cultivated and patently decent man who did me the honour of saying that he had read my column for many years (it lasted fourteen). He said that he had always wanted to ask me whether I made it up.

Made it up? I replied that I was flattered that he thought I had sufficient imagination to do it; but no, I did not make it up, I only rearranged the material for reasons of confidentiality.

What I described is so patently obvious in our streets that it takes a certain kind of wilful blindness not to see it. This blindness is particularly prevalent among the intelligentsia, because it is they who wrought the disaster that is squalor in the midst of plenty.

Theodore Dalrymple, 2012

ALL THOSE SNIVELLING WHEEDLERS

PATIENTS WHO DRINK too much are notoriously vague (to put it charitably) about the amount they drink. I have a simple method of eliciting the truth from them: I ask them whether they drink two bottles of Scotch a day. 'Oh no, doctor,' they reply, genuinely horrified. 'Only one.'

These days, when epidemiology has revealed the dangers lurking everywhere, doctors have no choice but to concern themselves with their patients' eating, drinking, smoking, sleeping and working habits. I am so heartily sick of the tepid existence which we doctors are now peddling as the elixir of life that when one of my patients refuses to take my good advice, I want to jump up on my table and give three cheers.

I once practised in a very remote corner of the globe, somewhat lacking in sophisticated medical facilities (other than myself, of course). One day an Englishman appeared, new in the country. No sooner had he arrived than his legs swelled up, and he came to consult me. He was extremely large – what failed dieters call big-boned – and very fat. He lost no time in telling me he was diabetic.

'Do you smoke?' I asked.

'Like a chimney,' he replied.

He was completely unrepentant, so refreshingly different from all those snivelling wheedlers with hangdog expressions who give you a

long story about how they nearly gave up but then their budgerigar died. I got the picture at once.

‘And of course, you drink like a fish,’ I said.

‘Like a fish,’ he replied.

‘Dieting is out of the question?’ I continued, with mounting admiration.

‘Completely, I love butter and cream, and meat with fat on it, and rich sauces.’

‘Well,’ I said, ‘I’m sure you know the risks better than I, so I’m not going to lecture you. But if you invite me to dinner, I shall come.’

That was twelve years ago. His wife was, and is, a magnificent cook. I wish I could say the story had a happy ending, but honesty compels me to relate that recently he had two heart attacks which have laid him low. He can hardly breathe, and now he needs cardiac surgery.

Still, I found his refusal to do the sensible thing heroic in its way, and it gave him a dozen years of untrammelled life. He may yet pull through. I know there are medical fascists around – a former President of the Royal College of Physicians is one – who would make such patients pay for the treatment of their ‘self-induced’ diseases, but this seems to me to come perilously close to the Erewhonian nightmare, in which youths who bash old ladies over the head will receive treatment but people with heart attacks will be punished.

In any case, patients know their doctors have feet of clay. Last Monday morning, a man whom I know to be a very heavy drinker consulted me because he was feeling ill. I examined him.

‘I can’t find anything wrong,’ I said. ‘It must be the drink.’

‘It’s all right, doctor,’ he said. ‘I’ll come back when you’re sober.’

CAN'T YOU HYPNOTISE ME?

MANY OF MY PATIENTS are like Wagner: they have their good moments but their bad quarters of an hour. I have a patient whose torrential loquacity leaves my head spinning, but who occasionally says something worth hearing, in much the same way as a monkey at a typewriter must (according to the arguments advanced in *Watchtower* and *Awake*) eventually produce Shakespeare. I give my patient an appointment to see me once a month, not because I am vain enough to suppose I shall cure him, but because he would otherwise plague me every day.

He is in many ways a most unfortunate man. Physically slight, he lives in an area of the city where life is red in tooth and claw. Two youths once up-ended him as he came out of the post office and shook the sickness benefit out of him, as I used to shake the pennies out of my brother's piggy bank when I was a delinquent child.

Last week I signed his sickness certificate for a further year. How time flies! It seems but yesterday that I signed his last twelve-month guarantee of medical unfitness for work. (Round here, the relationship between ill health and sickness benefits is what I dare say a great Marxist thinker like E. J. Hobsbawm would call dialectical.) The only problem with the certificate was that it demanded a diagnosis: eventually, I struck on congenital nervous debility.

My patient looked at what I had written and, far from being distressed by it, asked me whether I couldn't, perhaps, give him a certificate for life, as this would save time in the long run. I couldn't, I said, and we passed on to other problems.

'It's my wife, doctor,' he said. 'She doesn't understand my mental requirement for sex.'

This unfortunate misunderstanding had led to a liaison with Pam, a sixty-year-old widow who lived nearby.

'I try to stop myself, doctor, but I just can't. She's a temptress, that's what she is, a temptress.'

As it happens, I know Pam quite well: she is also a patient of mine. Her most prominent features are her false teeth and her curlers. It is difficult to imagine her as Cleopatra to his Antony.

'Why do I do it, doctor? Can't you give me a psychoanalysis or something?'

Evidently he conceived of psychoanalysis as a kind of suppository, taken once and for all.

'I'm afraid not,' I said, looking at my watch.

'What about hypnosis, then?' he asked. 'Can't you hypnotise me to be a better person?'

How often have I heard such requests! Husbands who want to stop beating their wives, divorced women who want to stop remarrying violent layabouts, drunkards who want to be calm. They don't really want to change, of course, any more than they believe I can change them. Weakness and vice are like symptoms: one soon grows attached to them.

'I'm afraid I can't make you better than you are,' I said.

‘That’s a pity, doctor,’ said my patient. ‘When’s my next appointment, then?’

HOW BAD IS THE ARTHURITIS?

IT IS A WELL-known fact that one of the best preservatives against ill health is self-employment. The self-employed cannot afford to be ill, while those in the employ of others cannot afford (it often seems) to be entirely well.

A friend of mine once ran a business in which he tried to employ young British school leavers. The attempt very nearly bankrupted him. As one of his young employees said to him when upbraided about his continual absences from work, 'But I'm entitled to two days sick a week.'

The epidemiological distinction between self-employment and employ by others receives startling confirmation in Her Majesty's prisons. Every prisoner has to be medically examined within twenty-four hours of being received into custody, and the doctor has not only to screen for any illnesses, but allocate a work category. The interview is often rather sticky.

'Have you seen your doctor recently?'

'I can't remember.'

'Well, have a try.'

'I think it might have been this morning.'

'Either it was this morning or it wasn't.'

'I can't remember.'

'Have another try.'

'It was this morning.'

'And why did you go to see him?'

'Depression.'

'What were you depressed about?'

'I can't remember.'

'It wasn't all that long ago.'

'My court case.'

Last week, one of the prisoners – a burglar – tried to hang himself in police custody because his wife had decided to leave him.

'She says she's fed up with me being arrested all the time.'

'Are you going to go straight, then?' I asked.

'I'm trying,' he said. 'This is my first offence since Christmas.'

'Do you offend often?'

'Not as often as I used to. I'm cutting it down gradually, doctor.'

'Like smoking,' I said.

It's amazing how many criminals have had serious road accidents – almost all of them, in fact. Most have artificial bits of skulls and pins and plates in their legs, and all of them without exception have healed lacerations of their wrists, from when they 'fell through a window', in their eagerness no doubt to reach the video or stereo set. Quite a few have a tattoo round their nipples saying 'Made in England', but I suppose that is quite another matter.

Usually, though, the allocation of a work category poses no problems. The majority of prisoners, pins and plates notwithstanding, are category IA. The main problem in categorisation is those who appear in prison with a walking stick.

'It's the arthritis, doctor,' they say. 'I've had it for years. It really plays me up.'

‘Are you taking any medicine for it?’ I ask.

‘Yes, doctor, the little white ones.’

‘I don’t suppose you can remember what they’re called?’

‘No, doctor, I’m sorry.’

‘And how bad is it, the arthritis?’

‘It’s terrible, doctor. I can’t climb no stairs. Can you locate me flat, please doctor?’

‘Locate flat’ means that the prisoner lives on the ground floor and is not required to climb stairs to fetch his food or go to work.

‘And what are you in prison for?’

‘Burglary, doctor.’

‘Then I suppose you must specialise in ground floor flats and bungalows.’

BEING AN OBLIGING SORT OF CHAP

I WENT ON a long journey by telephone last week. It started with a message in my office on that fiendish modern invention, second in its monstrosity only to the television, the answerphone. Someone who spoke with a nasal whine and who called herself 'the Director of Nursing Quality Assurance' in a neighbouring hospital blathered on about a problem which had arisen there, probably as a result of the habitual negligence of the staff, and asked whether I should be willing to sit as an impartial investigator on the informal commission of inquiry which the hospital was setting up to head off more serious investigations.

Being an obliging sort of chap, especially when it comes to finding fault in others, I thought I should agree.

Unhappily, the Director of Nursing Quality Assurance omitted to leave her telephone number, so I had to contact her through her hospital's switchboard.

Having discovered the number of her hospital, I phoned it. After an unconscionable number of rings, a recorded voice welcomed me to St B-'s Hospital, and asked me to hang on while my call was put through to the operator, or alternatively, if I knew the number of the extension I required, I could enter it now. Not being in possession of that invaluable information, I hung on: for a long time, as it happened.

Eventually an operator spoke.

'Hello, St B-'s Hospital.'

'Hello,' I said. 'Could I speak to Miss L-, please?'

'Miss who?'

'Miss L-,' I repeated.

There was a pause of the kind frequently described as pregnant, but in this case there was a miscarriage.

'I've never heard of her. There's no Miss L- here.'

'Yes there is,' I said. 'She's Director of Nursing Quality Assurance.'

I heard a slight humph, with which I was fully in sympathy, and then a sound like a shuffling of papers.

The operator also consulted in a murmur with her colleagues. Then the phone appeared to go dead. After five minutes I replaced the receiver, and started the process again. But I protested when I got through to the operator.

'You cut us off,' she said tetchily.

'I didn't know whether you were still there,' I said. 'I mean, there was no Vivaldi or Greensleeves.'

'Well, we were still trying for you,' she said. 'Putting you through now,' she added ill-humouredly.

An extension number rang about ten times, and then transferred automatically to another.

'Hello, Mr G-'s secretary.'

'I was looking for Miss L-,' I said.

'Her secretary's on annual leave, I'm afraid, I'm standing in for her,' said Mr G-'s secretary (Mr G- was Director of Nursing Professional Development, incidentally).

'I'd like to speak to Miss L-,' I said.

'She's not here, I'm afraid,' said Mr G-'s secretary.

'Where is she?'

'At the M- Hospital.'

I phoned the M- Hospital.

'Hello, the M- Hospital. How may I help you?'

'I'd like to speak to Miss L-, please.'

'Miss who?'

'Miss L-. She's Director of Nursing Quality Assurance at St B-'s Hospital.'

'Never heard of her.'

There was more rustling of paper, and more murmurous conversation with colleagues.

'She's in a meeting.'

'Could you get her out of the meeting?' I asked.

'We don't know where it is.'

'Then how do you know she's in it?' I asked. The deep epistemological import of my question, with its undertones of Bishop Berkeley, was entirely lost.

'We can't find her.'

But I found her next day, and expressed the view most forcefully that it would have been better if she had cut the cackle on my answerphone and just told me her telephone number and when I could reach her there.

'But are you still willing to help, doctor?' she asked.

'Of course,' I said.

The following day, she called me.

'After your outburst of temper yesterday,' she said, 'we don't want you any more.'

ONE'S ENEMY'S ENEMY IS NOT ALWAYS ONE'S FRIEND

SYMPTOMS ARE LIKE bad husbands and wives: people will go to any length to be rid of them but, once gone, they miss them terribly. The result is that the symptoms return in new and worse forms, as do the rejected spouses. In human affairs, the general rule is once bitten, twice bitten.

Young and inexperienced doctors think of symptoms as the enemy, to be vanquished without mercy, but older and wiser doctors know that one's enemy's enemy is often not one's friend. Illness has its advantages and its privileges, and the doctor is well-advised to remember this before resorting to what is known as the therapeutic armamentarium.

A few weeks ago, I admitted a middle-aged lady to my ward who had been unable to walk for about two years, since her husband became a cardiac invalid after several heart attacks. Her ankle turned inwards, as in club foot, but the deformity corresponded to no pathology in her nerves, muscles or bones. In short, it was psychological in origin.

She and her family had plagued her general practitioner twice a week about her foot and eventually – in despair himself – he sent her to me. I admitted her to hospital, and gave instructions to the nurses that she was to be stood up straight, with her foot in the correct position. This achieved, they were to encourage her to walk, without

a stick. By means of great care and devotion, she was soon rendered fully ambulant, and there was jubilation all round.

Well, not quite all round. She herself began to suffer from headaches and dizzy turns. ('I get these heads, doctor.') A battle of wills was about to commence, in the course of which I studiously ignored her 'heads' and all other complaints. But since factitiously ill patients are not immortal, they ultimately have a great advantage: if persistent enough, they will produce a symptom to alarm their doctor. In the war between hypochondriacs and hysterics on the one hand, and the medical profession on the other, nature herself and medico-legal considerations combine on the side of the former.

While my patient was in hospital, I formed some idea of the reasons for her mind-induced disability. She had brought up six children, by hand as Mrs Gargery would have put it, all of whom had now flown the parental nest. At precisely the moment when she might have expected a little relief from domestic drudgery, her husband, with whom her relations had always been difficult, became utterly helpless, in need of nursing day and night. What more logical than to become helpless herself?

As it happened, her 'illness' suited one of her daughters very well. She was married to a man whom she could not stand but whom, for religious reasons, she could not divorce. The need of both her parents for care and attention gave her an excuse to escape her husband.

If the mother's illness was so convenient both for herself and her daughter, why did they so assiduously seek a cure? Because they needed to disguise from themselves that the convenience of the

illness was its cause. In curing the mother's disability, I have paved the way for disaster.

HE KILLED TWO BIRDS WITH ONE STONE

IN MY EXPERIENCE, men who kill their wives for the insurance money do so within two weeks of raising the sum assured. This, of course, gives the police a valuable clue as to the identity of the chief suspect in the case, and also as to his motive. It requires, after all, relatively slight knowledge of human nature to put this particular two and two together.

Last week, I was asked to write the annual medical report on a life-sentence prisoner. No one knows why life-sentence prisoners must have such a report prepared on them every year, as if they were old cars undergoing certification of road worthiness, but it has been decreed by Authority and therefore must be done. I suspect it is one of those make-work regulations which persuade public servants that they are labouring very hard indeed on the public's behalf.

Some years previously, the prisoner, finding himself in an awkward financial predicament, had increased the life insurance on his wife from £90,000 to £270,000. A week later he strangled her, ran from the house, stayed in a nearby hotel for a couple of days, returned home to 'find' her body, and raised a hue and cry. This fits another pattern which has brought itself to my attention: what one might call the Someone Must Have Killed My Wife Syndrome. It did not take the police long to work out what had happened. And not

surprisingly also, the judge at the trial passed some rather adverse comments on the man's character.

The annual lifer report is supposed to remark not only the prisoner's physical but mental well-being. The latter was presently being attended to by a counsellor, who was helping the prisoner 'come to terms' with his loss: of his wife, I wondered, or his anticipated £270,000? So far; alas, the counsellor had encountered only denial, the omnipresent psychological symptom which requires for its resolution... further counselling, of course.

The prisoner entered my room with that fixed expression of venom which tells one immediately that he considers himself ill-treated.

We established that his physical health was good, though he didn't much care for prison food. What about his spiritual health? A good barometer of this is usually taken to be the presence of remorse. The received opinion is that the remorseful are less likely to re-offend than the unrepentant, though it can be difficult to distinguish between true remorse and its thespian equivalent. No such problem arose in this case, however.

'Why did you kill your wife?' I asked.

'Me and she wasn't getting on. We was arguing all the time.'

'Any other reason?' I asked mildly.

He thought for a little while, as though searching in the deep recesses of his mind for some *recherché* fact, like the date of the Treaty of Nerchinsk.

'No,' he concluded.

'The life insurance of £270,000 you took out on her the week before you killed her had nothing to do with it?'

'It may have been a contributing factor,' he conceded broadly-mindedly.

'I should have thought it played rather a large, and possibly exclusive, part,' I said. 'I read in your file that that's what the judge thought, too.'

'Well,' he said, 'you could say I was killing two birds with one stone.'

I WENT THROUGH THE PROPER CHANNELS

AT THE END OF the consultation my patient took a small manila envelope from her handbag and slid it diffidently across my desk.

‘I’m so grateful for what you’ve done, doctor,’ she said, ‘I’d like to buy you something for the hospital.’

Gratitude! It’s the last thing I expected: you could have knocked me down with – well, with a small manila envelope.

I tore it open as soon as she left. It contained £5. Her donation reminded me of one of the handsomest gifts I ever received. I had treated an old African villager for malaria, and he returned soon afterwards with a small plastic bowl filled with sawdust in which nestled five eggs, very precious in those times of near-famine. His humility shamed me.

I should have bought something for my ward with the £5, of course, but the devil entered me and I decided to go through the proper channels. I called the administrator: his secretary answered.

‘He’s at a meeting,’ she said. ‘Can I be of help?’

I explained the situation and asked what I should do with the money.

‘Well, we’ll have to send an acknowledgment, of course,’ she said. ‘That’s routine. But I’m not sure what we do with the money in a case like this. I’ll have to ask the administrator when he returns from the

meeting. Can I have the name, address and date of birth of the donor?’

It took me a few minutes to dictate them. The cost of the acknowledgment was rising.

Three hours later, the administrator’s secretary called me.

‘The administrator’s spoken to the accountant,’ she said. ‘And he says the money’ll have to go through the books.’

‘Why?’ I asked.

‘Well, you see, if we write an acknowledgment – which we must – someone going through the files might ask where the £5 got to. Besides, the patient really gave the money to the whole hospital, not just your ward.’

‘So we have to divide it up?’

‘Yes, we do.’

There are twenty-four wards in the hospital: they will each receive twenty-one pence – less administrative expenses, of course.

‘Could you pop the money in an envelope with a covering letter and send it here in the internal post?’ asked the secretary.

It once took fourteen days for a referral letter to reach Ward 8 from Ward 11 through the internal post.

‘Certainly,’ I said. ‘A pleasure.’

I dictated the covering letter: it took only ten minutes of my secretary’s time. I’m sure it didn’t take long to file, or alternatively to lose.

As for the £5, it will in due course be paid into the bank. The covering letter won’t take long to write.

So far, then, my patient’s little gift has cost the hospital quite a lot of money. If you add my time, the administrator’s and the

accountant's time, my secretary's time and the administrator's secretary's time, the postage and stationery, I estimate that my patient owes the hospital about £175, or £7.56 per ward.

It's lucky for her that it's the thought that counts.

THE RAPIST'S FAMOUS APPLE CRUMBLE

I WAS ON DUTY at the prison last weekend. All was calm and quiet: as I inspected the kitchens (I'm still not quite sure what for), a rapist offered me the apple crumble for which he is famous throughout D wing. Just about edible when it leaves the kitchen, the crumble arrives in the wing as appetising as a *ragoût* of old socks. As the French ask of good Scots porridge, 'Does one eat it, or *has* one eaten it?'

There were only two patients for me to see, so different yet so similar. The first, Bill, was a petty criminal with whom the courts had finally lost patience and sent down for a long time. Apart from housebreaking, Bill has one interest in life: swallowing razor-blades. If he has done it once, he has done it a hundred times. I've given up asking why: he always says, 'If I knew that, doctor, I'd stop.' This, of course, is the central misconception of psychotherapy, a misconception which has filtered its way down into the underworld.

Of late, Bill has developed a new interest: pushing wires through his abdominal wall into what we doctors call his guts. There is now a suppurating fistula whose characteristics I shall not describe, except to say that they are aesthetically unpleasing. It is amazing how Bill can find a wire to push into himself, even when placed in a cell completely devoid of metal of any kind. I'm beginning to suspect the

other prisoners smuggle wires to him: there's a black market for everything on the in.

Then there was Fred, a failed murderer. Fred had come to the conclusion that everything was the fault of the orforities, and had therefore written to his former probation officer threatening – in almost Magwitchian terms – to kill him on his release from prison.

The governor asked me to do something about Fred. I had a copy of the letter he had written before me, and it was enough to make one's blood curdle. (I refer, of course, to the orthography.)

'You, you basterd, did my hed in wen I was vunrable.'

I confess that at this point I thought of the Vunrable Bede, who died in Jarrow in AD 776. Fred wrote that he would cut the probation officer's throat, but if he went to the police with the letter he would die a far more horrible death, by a means sure and lingering, but otherwise unspecified.

Among other allegations in the letter, Fred asserted that the probation officer had so done his head in that he had been reduced to swallowing razor-blades.

'How could he have done that?' I asked.

'Well, he's an orfority, isn't he?'

What wonderful totalitarians we British would make, I mused as I wrote my recommendation to the governor that Fred be prosecuted for uttering a threat to kill, contrary to some Act or other. How eager we are to ascribe our behaviour to others! I glanced in Fred's

medical notes. The last entry was, 'Still has difficulty in making relationships.'

YOU CAN HAVE TOO MUCH QUALITY

I SOMETIMES WONDER what patients think their insides are made of. Last week, an elderly lady of the mildest appearance informed me that her doctor had diagnosed a 'hiatus hyena'. I'd heard of the ravening beast within, of course, but this was absurd. What carnivore, red in tooth and claw, would be satisfied with mere antacids? I advised plenty of meat.

My next patient was a man with a plethoric face, who looked as though he spent his spare time writing angry letters to his local newspaper. 'Typical hospital,' he said as he came through the door of my room. 'Hundreds of people waiting for hours and nowhere to park your car.'

Having heard on the highest authority that a soft answer turns away wrath, I apologised for any inconvenience, but pointed out that I was seeing him exactly at the time of his appointment.

'Yes,' he said, 'but what about my next appointment? More than likely I'll have to wait for hours then.'

This is an example of what is known technically as anticipatory anxiety: worrying about something before it has happened. Anxiety, of course, is one of the many ways of giving meaning to life: it fills an existential void. As we know, the void is vast, while matter is but a trifle.

After my clinic I went to the ward where those who have tried to commit suicide, or at least have taken overdoses, are treated. A lady there had swallowed a bottle of pain-killers because her husband habitually gambled all their money away, leaving none with which to buy food for their three children or to pay the bills. If she tried to conceal money from him, he beat her. The overdose, however, was a turning point.

She was going to divorce her husband and live happily ever after.

‘I’ve realised, doctor,’ she said, ‘that life’s not worth killing yourself for.’

Amen to that.

At lunchtime, there was a meeting with the administrators. I go to such meetings only to pick up the latest management jargon and to savour the wilder flights of fatuity. One of my colleagues complained at the meeting that black bags of rubbish – seventeen at the last count – had accumulated in the last two weeks outside his ward. The General Services Manager (a janitor in a suit) replied that he was dedicated to providing a high-quality service but was acting under severe financial constraints.

The General Manager (Clinical Services) interjected: ‘Quality doesn’t cost anything – and anyway, you can have too much of it.’

In the circumstances, one turns to the medical students for light relief. Another colleague of mine, a specialist in the new and expanding but somewhat lugubrious field of terminal care, complained after the meeting that medical students these days were frivolous and had narrow horizons – unlike us when we were students.

'I asked one of them last week what a hospice was, and do you know what he replied? "About four and a half litres, sir." Then I asked a female student what she thought of euthanasia. Do you know what she replied? She said she wasn't interested in the problems of the Third World.'

SHE PROPOSED TO HAVE THE TOE-RAG'S CHILD

LAST WEEK I admitted a patient to the ward who claimed to have taken eighty of her pills at once. She had cropped hair dyed bright carmine and a devil tattooed on her forehead. I deduced from this that she was not gainfully employed, though I later learnt that she was on a municipal training course in child care.

The next morning she confessed she had taken only eight pills. This was more in keeping with the level of the drug found in her blood. 'I never knew you was going to measure it,' she said with a pout, as if we had done something sneaky and dishonourable.

I asked why she took the pills, suspecting the answer in advance: boyfriend trouble.

'Him and me, we had a row, like.'

What about? I asked.

About her inability to have babies, she said. Her tubes were blocked and the gynaecologists were trying to unblock them, but the boyfriend, who already had three children by another woman, repeatedly taunted her about her failure to conceive.

'He kept going on and on at me, so I either had to take the tablets or kill him,' she said.

No other solution presented itself to her.

'Did you take them in front of him?' I asked.

‘Yes. It was him what gave me them to take. He said I didn’t have the bottle to take them, so I told him I did and he handed them to me one by one and I swallowed them.’

‘You realise that in helping you he committed a crime?’

‘I don’t want to get him into no trouble.’

‘I thought you said you wanted to kill him?’

‘Yes, one day I will, the filthy little toe-rag.’

‘How long have you known him?’

‘Three months – since my husband went in prison.’

‘What for?’

‘Drugs.’

‘Now let me get this straight – please correct me if I’m wrong. You propose to have a child by a man whom you have known for three months and whom you regard as a filthy little toe-rag?’

‘Yes, that’s right.’

‘And the gynaecologists are helping you?’

‘They haven’t done nothing yet.’

‘But they’re trying?’

‘Yes.’

I wrote the history in the notes.

‘Here, you’re not writing none of this down, are you? If they see that, they won’t help me.’

‘Oh yes, they will,’ I said. ‘They don’t take any notice of things like that.’

Meanwhile, the filthy little toe-rag arrived on the ward. He was young, small and heavily tattooed; he had the expression of a hungry rodent. As a six-foot-four prison warder had told me only the

previous week, small men tend to be wiry and are often awkward to handle; they slip through your fingers like an eel.

The happy couple fell into each other's embrace, kissed and made up – at public expense, naturally. My patient looked blissfully happy, and – radiating joy – came over to thank me for all I had done. As she and the toe-rag departed the ward arm in arm, I remembered the last line of a famous Chekhov short story:

'Farewell, my treasure.'

VINDICATED PATIENTS

THERE IS ONLY one thing worse than treating working-class patients, and that is treating middle-class ones. The former are inarticulate and ill-informed, the latter articulate and ill-informed. The former read the *Sunday Sport* and believe there is an immortality clinic on the far side of the moon where Hitler is a patient; the latter read the *Sunday Times* and believe that eating pine-kernels wards off Huntington's chorea.

The trouble with middle-class patients is that they ask so many questions. All children go through a phase of asking 'Why?' and before long parents find themselves confronted by the fundamental, if unanswerable, questions of the universe; something similar happens when middle-class patients consult their doctors. When an unanswerable question about a drug is finally reached, patients feel vindicated: it is true, then, that their doctors are poisoning them with drugs of whose effects and mechanism of action they are ignorant. In these circumstances, it is scarcely surprising that patients turn to herbs and homeopaths.

The very word 'herbal' conjures up something soothing, something natural, something healing, an innocent little plant ruffled by the wind on an open moor, perhaps, or a tiny delicate flower blushing by a babbling brook. How could such a thing do any harm, especially compared with the products of the pharmaceutical

industry, with its greed for profits, its horrible animal experiments, its river-polluting factories? It is inconceivable.

A lady came to me last week with one of those grave, chronic illnesses which afflict the middle classes, but which are not incompatible with a long and otherwise healthy life and which stubbornly refuse to manifest themselves in such a way as to be detectable by any of the thousands of methods available to modern science. The symptoms of her illness were vague but debilitating: she could no longer summon up the energy to do the thing she did not wish to do, such as vacuum-cleaning and ironing. An 'alternative' practitioner (whose treatment was additional, by the way, not alternative) had told her she suffered from an infection – not in its vulgar, immediately apparent form, but in its insubstantial, Platonic form – and that she had better take his treatment for a decade or two if she were ever to rid herself of it. His treatment consisted of herbal pills of high efficacy but low toxicity.

By coincidence, I had a patient two days later who, wishing to bring a lover and the world to heel, had taken an overdose of these gentle, natural pills. I called up the local poison information centre, and here is what they told me about the unwanted effects of these pills:

Acute overdosage is most likely to lead to drowsiness, ataxia and mild hypotension ... Therapeutic use may cause malaise with the delayed onset of jaundice due to acute hepatitis. The liver enzymes may be raised due to liver damage and intrahepatic obstruction.

Ascites and encephalopathy may develop. Jaundice has been reported after taking only three pills, one a day for three days.

Quite nasty, really – just like the products of the pharmaceutical industry, in fact.

IF YOU TICKLE US DO WE NOT LAUGH?

EVERYONE KNOWS HOW important the medical profession is. Can one travel more than a few miles on a bus or train without overhearing the words, 'And my doctor said to me...'?

Unsurprisingly, then, many doctors conclude that they are personally very significant in the lives of their patients. Alas, they are wrong. I have a friend who devotes his whole life to his patients, who denies them nothing, who will go to almost any lengths to please them even at their most unreasonable. He is such a nice man that he imagines that behind every complaint there must lie suffering (rather than, say, laziness, ignorance or stupidity), and tries to alleviate it. He deserves to be loved and respected. Sometimes, when he is unavoidably absent from his surgery, I stand in for him.

Naturally, being impatient of human weakness, I worry that I shall not be able to match his high standard of compassion. I needn't worry, however: the first patient of the day convinces me of this.

I press the buzzer and the patient, all eager for the treat, enters trippingly. Rising to greet him or her, I start my standard speech for such an occasion.

'Good morning,' I say. 'My name is Dr Dalrymple and I'm here because Dr S- is away for a few days.'

But before I can finish, the patient interrupts me.

‘Only it’s my ears, doctor. Them pills what you gave me, they aren’t doing no good.’

Is the patient blind? I never gave him or her any pills, and I don’t look anything like Dr S-.

But the patient has failed to notice: for him or her neither Dr S- nor I are real people, individuals in our own right, but Platonic forms, disembodied providers of prescriptions, sick notes and referral letters to hospital. It doesn’t worry me particularly to be a Platonic form, but I feel rather sad on Dr S-’s behalf. He thinks his patients value his efforts, but in fact he is valued only for his function, as a vacuum cleaner or washing machine is valued.

In the war between doctor and patient – or at least in their struggle for supremacy – doctors are often accused of not treating the whole patient, of regarding him or her as a pathology specimen rather than a sentient being. Yes, but we doctors are only retaliating for the treatment we receive. If you prick us do we not bleed, if you tickle us do we not laugh etc.?

One of Dr S-’s patients came to me in a panic because he had just received a computerised letter from the hospital to say that he was going to be operated on next day. He had been to outpatients some time before about his abdominal pain, but this was the first he had heard of an operation. I phoned the surgeon concerned to ask what exactly was going to be done. He struggled for a time to recall the patient.

‘Isn’t he the Meckel’s diverticulum?’ he asked at last. I turned to the patient.

‘Aren’t you the Meckel’s diverticulum?’ I asked.

FOR THE BRIEFEST OF MOMENTS

FAMILY LIFE IS the backbone of the country, which is why it – the country, I mean – is always going to the dogs. Last week, I met a patient who set a new standard of filial impiety: he tried to push his mother into a fish frier. Fortunately, he got only as far as her bouffant hair-do, otherwise the reputation of the family business (fish and chips) might have been ruined beyond redemption.

One swallow doesn't make a summer, of course, but three days later I came across another fine example of family life. I received a call informing me that the head of a family was threatening to buy a gun and shoot his children before shooting himself. I rushed to the house, in the hope that I would arrive before he had completed his purchase.

He was a stocky man, and I noticed at once that he had scratches on his face. These he received in the course of a quarrel with his wife, who was sitting, pale and vengeful, on the sofa opposite.

Not long before, he had tried to set fire to the house and its inhabitants. He sprinkled the walls and the children with lighter fuel and then directed matches at them. He did this because his wife had come home late one evening and he had noticed a mark on her neck. He said it was a love bite from a clandestine lover, but she said it was a bruise from the last time he tried to strangle her. He did this occasionally, his wife explained.

'He strangled me before Christmas,' she said. 'I had Jason in me arms then, and it's bound to affect him, isn't it, doctor?'

Her husband had always had a vile temper.

'Even his mother threw him out,' she said with thin and bloodless lips.

'Why was that?' I asked him.

'I belted our Mum.'

Naturally, he had been to prison. Five years ago he had driven a car recklessly and crashed. Two of his friends were killed and his brother paralysed. He drank too much now, and was possessed by jealousy. He hunted the house for evidence of his wife's infidelity, finding it in fibres and hairs on the floor, and she was now too terrified of incurring his accusations to speak to anyone in her family, let alone strangers.

I asked him whether he had ever considered suicide.

'Yes,' he replied. 'I might hang myself.'

'Or shoot yourself?'

'Yes,' he said. 'But first I'd kill the children. It would be a way of getting back at her.'

He pointed venomously at his wife.

'And have you ever thought you would be doing them a favour?'

'Yes,' he said. 'I would be.'

I looked at Jason who had come to his mother's bony lap. He had a chest condition; his face was thin and vacant. He would grow up illiterate and unemployable, fodder for social workers. For the briefest of moments, I wondered whether the father had a point after all: but no, I thought, that way madness lies.

PULLULATING GRAPHOMANIACS

I DREAD THE ARRIVAL of the hospital postman. He always brings large manila envelopes containing long circulars from the bureaucrats who pullulate in the halls of the Health Service like generals in a South American army.

Everyone seems to be a director of something or other these days (liaison services, resource management, project development, manpower co-ordination), and to suffer from graphomania to boot. As one might have expected from the constipated titles of the new Health Service aristocracy, the literary quality of these circulars leaves something to be desired. Generally, I throw them away unread. I suppose I should keep them for scrap, but even if I were going to rewrite Encyclopaedia Britannica every year, I should not need so much paper.

Sometimes I declaim a portion of a circular to my secretary, who goes weak with laughter, not at my imitation of Donald Wolfit but at the grammar.

Last week I received a circular entitled Joint Care Planning to J. C. C. G. P. T. by Task Croup for C. M. H. T.'s. It arrived with a small slip of paper, saying that it was a slightly amended version of the original draft, which should now be destroyed. Too late! I had destroyed it already.

For a reason which I now cannot recall, I opened this twenty-page circular, of which someone was evidently very proud because it came in its own black folder. My eye fell on a section entitled Service Sensitivity to Particular Groups. Paraphrase will not do it justice, so I must quote in extenso.

Equal opportunities are not easily achieved. To have a policy and a strategy are insufficient. There has to be an internalisation of its fundamental philosophy which does not mean 'everyone is equal. I treat people the same whatever'. It is, however, to do with the differences between people, the uniqueness of each person. In terms of service delivery it is within CMHT's that greater expression should be able to be given to the philosophy of equal opportunities in that by focusing on a given area with the benefit of a multi skill group together with users of the service a very clear strategy can be drawn up within the operation policy of each team that will lead not to a bland overall response to need but one that is tailored to and by the individual and community. In recruitment, selection and retention of staff, statutory and voluntary organisations need to continue to address the issue of achieving a shared understanding of what equal opportunities actually means and how it is to be put into practice.

Insofar as this passage means anything – beyond its menacingly imperative tone – it means that you can't expect blacks to be the equal of whites, so they must be given jobs which, strictly speaking,

they don't really deserve. Some opportunities are more equal than others.

I often flee from the approach of the hospital postman and take refuge in the medical library. Last week, seeking temporary asylum there, I happened on the British Journal of Psychiatry. It fell open at a paper entitled Age, Transvestism, Bondage and Concurrent Paraphilic Activities in 117 Fatal Cases of Autoerotic Asphyxia.

THE HEROIC STRUGGLE

TO MOCK THE bourgeois virtues is, of course, a bourgeois privilege and pastime, and we do it not because the virtues are not virtuous, but to demonstrate to the world our superior intellect. But there is something heroic about the struggle of poor people to attain respectability, and failure to appreciate this heroism demonstrates the cruelty and lack of imagination of many self-appointed superior intellects.

Last week a middle-aged West Indian lady of ample proportions consulted me. She wore a frock of many frills, and upon her head perched an elaborate hat complete with veil and exotic feathers, which it lifted my heart to see. It did not take long to discover that her symptoms were out of proportion to her actual illness.

She came to this country with her husband more than thirty years ago, and both of them had worked hard ever since. They had bought their house – a small thing, perhaps, but their own. They had two sons, the beginning of their troubles.

The first had left school at the age of sixteen, despite the pleas of his parents to continue his education. On leaving school, he settled for a life of sloth, rising at one in the afternoon, and going to bed at four in the morning. On the insistence of his father, he eventually found a job as an apprentice mechanic, but gave it up after a month, first because it interfered with his nocturnal social life, and second

because he said that the employer was making money out of him. Elementary social justice demanded that he lived for evermore on social security: anything else would have been exploitation.

The second son stayed on at school and went to college to study law. After a year, however, he gave up his studies because he said he could not condone a system that sent offenders to gaol. He began to mix with what his mother described as 'bad company' – ganja smokers and the like. Before long, he was involved in a robbery and was sentenced to two years of gaol.

At this point, my patient began to cry. Visiting her son in gaol every two weeks had been a slow and agonising torture for her. Her husband had become embittered and his tirades against what he called his layabout sons poisoned the home atmosphere yet further. Only her membership of the Pentecostal Church, which she attended four times a week, sustained her. Recently, for the first time, she had been granted the gift of tongues, and it had made her happy.

'We try to lead a clean life, doctor,' she said. 'How can I put it? We are in the world, but not of the world.'

How does such a woman come to have two self-righteously lazy and aggressively worthless sons? How has her dream of thirty years ago been turned into this nightmare? I do not have the whole explanation, but I suspect that those who teach that employment is exploitation, that law is injustice, and that racial prejudice is so ubiquitous and all-pervading as to render personal effort superfluous, have much to answer for.

SHE WAS INTERESTED IN LIBERATION ISSUES

EVERY WEEK I receive through the post several invitations to medical conferences, meetings, seminars and colloquia. Someone somewhere is under the mistaken impression that I have difficulty filling my time. Despite my busy schedule, however, one such invitation caught my attention last week: it was to something called a Doctors' Liberation Workshop. The fee was £30, which included lunch and caffeine-free drinks.

The workshop was organised and led by a doctor who described herself as 'interested in liberation issues', and who also ran a parents' liberation group. Presumably, while not 'setting up ongoing listening partnerships', the group fire-bombs schools.

Needless to say, I nearly signed up for the workshop: and in the space reserved in the registration form for 'special needs', I nearly wrote 'caffeine'. I'm all in favour of doctors' liberation, of course, of 'freeing ourselves from the feelings that stop us thinking clearly and creatively about our work' and 'looking at specific aspects of being a doctor which we commonly struggle with' – especially after what happened last Tuesday.

The first overdose patient of the day was a lady with a DSH (a drunken swine of a husband). When drunk, he used regularly to beat her, preferably in front of the children, and after several years of this behaviour, she had had enough. The only way out was death.

She took the pills with the DSH looking on. 'Go on,' he said, 'take as many as you like. Take more, kill yourself, see if I care.'

He went to the bathroom to fetch more pills and gave them to her. When she had finished them, he decided it was time to 'make love'. Only afterwards did he call an ambulance.

Two hours after the first, the next overdose patient arrived. She had taken her pills in the park, and an ambulance was called only when a passer-by noticed her vomiting into the flower beds. The patient, who was thirty-four years old, had been married for fifteen years. Her husband was the boy next door; she had never known anyone else. The romance had departed from her life a long time ago, and her husband, who still loved her, drove her mad by his taciturn kindness.

'I've tried to quarrel with him for years, doctor,' she said, 'but he's just too placid. If I criticise him, he agrees with me and says he'll try to reform. I've even tried burning his dinner four nights in a row, but all he does is thank me and say that it's very nice.'

She had a religious upbringing, and so regarded marriage as sacred and indissoluble; this only added to her burden of guilt.

'I've fallen out of love with him, doctor,' she said. 'It's terrible to have to live with a man you don't love any more. The worst thing is, he's done nothing wrong to make me fall out of love with him. He's still the same quiet, decent man I married. This may sound silly to you, but the thing I really can't stand about him is that he's so nice.'

She laughed, and then burst into tears.

So drunken swinishness and stoic decency came to the same thing in the end; or nearly the same. The lady whose husband beat her regularly returned to him; the lady whose husband never raised

his voice against her fled the matrimonial home and is suing for divorce.

IT'S GOOD FOR MY INCOME

LAST WEEK I WENT to Meadowlea, where so many of our vilest murderers are held (the more arcadian or botanical the name of a prison, the worse its inmates).

Of course, I arrived at an inconvenient moment: the murderers were having their after-lunch nap, and couldn't be disturbed.

I was shown into a waiting room where the only reading matter was a Prison Officers' Association pamphlet denouncing the Government's plans to privatise the prison service. As luck would have it, I had Tolstoy's *The Kreutzer Sonata* with me, so I did not mind waiting while the prison officers had their afternoon nap as well.

Eventually, the murderer whom I was to examine was brought to me. He was very polite, I must say; he was soft-spoken and did not sit until I invited him to do so. It was difficult to imagine him bashing his wife's head with a brick. The problem was that he couldn't remember having done so. His was one of those and-the-next-thing-I-knew-doctor-she-wasn't-breathing-any-more type of murders.

My task was to determine whether his loss of memory was caused by a brain tumour, a dysfunction of his glands, or moral depravity.

I recalled a passage from *The Kreutzer Sonata*:

When people say they don't remember what they do in a fit of fury, it is rubbish, falsehood. I remember everything, and did not for a moment lose my memory... I felt, and remember, the momentary resistance of her corset and of something else, and then the plunging of the dagger into something soft... I remembered that for an instant before the action I had a terrible consciousness that I was killing, had killed a defenceless woman, my wife. I remember the horror of that consciousness... and even dimly remember that, having plunged the dagger in, I pulled it out immediately, trying to remedy what had been done.

Of course, I shouldn't let a mere fiction such as Tolstoy's interfere with my judgment in an individual case. Nevertheless, I cannot help but notice that the number of criminals claiming medical explanations for their misdeeds is inexorably rising. This is good for my income, of course, but bad for taxpayers (who fund, through Legal Aid, my expert opinions).

A lady consulted me last week who had been caught embezzling the treasury of the local council for which she worked; £4,000 had gone missing over the last few years, and she was very distressed about it. She was accompanied into my office by her husband, a ferret-faced man who spoke on her behalf while she sobbed into a paper handkerchief.

'She didn't do it for herself, doctor,' he said. 'She never bought nothing for herself with the money, only for the children.'

She sobbed convulsively, out of compassion for herself.

‘Why did she do it, doctor?’ asked her husband. ‘I mean, there must be a reason. She’s never done anything like it before.’

‘She wanted the money, I suppose,’ I thought, but it came out as, ‘I haven’t a clue.’

The husband paled with anger. He raised his wife by the elbow and pointed her towards the door.

‘Come on, Marge,’ he said. ‘We’re going. This is useless.’

When they reached the door, he turned to me.

‘Typical NHS,’ he snarled.

SHE'D KNOWN HIM FOR AGES

I READ A BOOK not long ago which maintained that the essential difference between Man and the animals was that Man had a concept of the future, which allowed him to foresee and plan ahead. I can only remark that the author of this book must have confined his observations to a very restricted social circle indeed.

Last week I arrived on the ward to find a young woman in bed with tears and smudged make-up running down her pale cheeks. Her hair was dyed blonde, with dark roots, and by means of the hair-dresser's art it had been induced to stick out of the side of her head in straggly and crinkly strands, like a feather from a hat. Her jaw was broken. I surmised at a glance that her story was dismal, and so it proved. Aged seventeen, she was the unmarried mother of two children by the man who had just broken her jaw. She had left him, she said, a few months before, when she decided to move from one area of the city to another and he had refused to follow her. He had punched her in the face while on a visit to what she called 'the babby'. She said she didn't know what to do, for she lived in terror of him.

I suggested, naively as it transpired, that she take out an injunction against him.

'I've already got one of those,' she said. 'But it's no use.'

She had called the police three times when her ex-boyfriend broke the terms of the injunction, but the police had done nothing. I was

exasperated by this inactivity of the police: nowadays they seem to do nothing even when a crime is committed in front of their noses. Then again, perhaps the leniency of the courts is to blame for the police's inertia.

'And how many times has your ex-boyfriend broken the injunction against him?' I asked.

'About seventy,' she said.

'And how does he get in?' I asked.

'He pushes the door when I open it.'

'Why do you open it to him?'

'I don't know it's him.'

'But you must suspect by now that it might be him. Don't you ask?'

'No.'

'Don't you have a chain on your front door?'

'Yes.'

'Don't you use it?'

'No.'

'Why not?'

'I forget.'

I began to see the method in the police's inertia. If they charged the swine, she would eventually refuse to testify against him. At the age of seventeen, with two children, she needed him even as he smashed her in the face. He would never be called to account for his actions.

In the next bed was a fifteen-year-old girl with abdominal pain. She too was crying. I looked into her vacant, ruminant eyes and I knew she was pregnant. So it turned out to be. Of course, her boyfriend had deserted her. She'd known him for ages (three

months) and had become pregnant deliberately because he'd threatened to leave her. As far as she was concerned, life without Jason wasn't worth living.

I had a book with me, *The Anatomy of the Nuremberg Trials* by Telford Taylor, and asked her to read the title. She could progress no further than the first syllable of the second word.

'What are your interests?' I asked.

'I don't have none,' she replied, after a long pause for thought.

'And how do you see your future?' I asked.

She shook her head. 'I haven't thought about it.'

EXERCISING MY RIGHTS

LAST WEEK, I was quietly exercising the inalienable right of every doctor to read the newspaper in his consulting room while his patients queue up outside waiting to see him, when the telephone rang.

I answered it with bad grace because I was thoroughly absorbed at the time in a story about a man in Bradford who, though he had no medical training, had successfully posed as a general practitioner for thirty years without detection either by patients or by colleagues. I must say the prosecution seemed to have got its priorities right: it was outraged more by the money gained under false pretences by the pseudo-doctor than by any damage he might have done to his pseudo-patients.

'Doctor, come quick,' said the distracted female voice on the telephone. 'He's trying to kill her.'

Who was he? Who was she? I did not recognise the voice, so I enquired.

'Only there's guns in the house and he's gone mad.'

Eventually, I managed to extract the madman's name and address from the lady, who proved to be his daughter. The police had been called the night before but had taken the view that if a man wants to kill his wife it is his own affair. Presumably they, the police, would be rather more interested after the event.

I set out at once – or nearly at once, after I finished my coffee to be precise. It was some consolation to me that my patients would now have to wait a little longer for me (I could just hear them say ‘Dr Dalrymple’s such a busy man, always on the go’) as a result of the emergency call to forestall murder. My journey took me through one of the more salubrious quarters of my stamping ground, where housewives lead semi-detached lives in semi-detached houses. Even here, the litter is not swept from the streets: the council is too busy running resource centres for lesbians from ethnic minorities to bother with mere trifles like litter.

As I approached the address of the homicidal maniac, I suddenly remembered the guns. Would The Spectator print an obituary of me if my patient shot me instead of his wife? Looking around at the urban desolation, death suddenly seemed quite attractive. Then I recalled a sentence from an obituary of a physician in The Lancet some years ago:

Though not immediately likeable, those who knew him well detected many sterling qualities.

And I resolved to live.

The house was in a road called The Twiggs, its vaguely rural connotations giving some intimation of its council estate squalor. The people in a Lowry painting are more like celebrants of the Rio carnival than they are like the residents of The Twiggs. But I was treated as a Daniel come to judgment. On the wall was an old

photograph of Churchill. The 'guns' were brass knick-knacks over the mantelpiece. The homicidal maniac was extremely polite (though hallucinating) and agreed at once to go to hospital. His wife, who was diabetic and had had a stroke, was very relieved.

Did I need a medical degree to deal with this kind of thing, or only an air of authority? Was, then, the pseudo-doctor of Bradford such a fantastical rogue after all?

DESTINED FOR MISERY

I WAS CALLED to the casualty department last week. A fifteen-year-old boy had taken an overdose and was being obstreperous – from habit, I hasten to add, not from the toxic effects of the drug he had taken. Clearly, something in his life was unsatisfactory, and I resolved to find out what it was. I adopted my very best compassionate tone of voice.

‘Fuck off,’ said the little bastard (and he was a bastard, too, as are most of the children round here).

Choking down my anger, I thought what to do next. The obvious thing was to telephone his mother. I could hear a medley of reggae music and screaming baby in the background when the receiver was lifted.

‘Hello. My name is Dr Dalrymple and I’m calling from the general hospital. Could I speak to Mrs R-, please?’

‘Yes.’

There was a prolonged pause.

‘Is Mrs R- there?’ I asked.

‘I’m Mrs R-,’ replied the same voice.

‘Could you tell me a little about Darren?’ I asked.

She certainly could. All children called Darren, Wayne, Jason, Tracy, Kirsty or Kylie are destined for misery and several unsuccessful attempts at suicide.

‘Where shall I begin? He was expelled from school when he was seven.’

‘What did he do?’ I asked.

‘He beat up the teacher.’

I know that children mature early these days, but even so, this seemed an astonishingly precocious feat.

‘What happened then?’ I asked.

‘He was put in a special school,’ she said.

‘What kind of special school?’

‘You know, where all the kids had something wrong with them, like asthma or brittle bones.’

That sounded like social services all right: brittle bones and uncontrollable violence in the same institution. Anything less would be unwarranted discrimination.

The special school failed to make much of an impact on Darren, either educationally or behaviourally. He continued to beat people up from time to time; as his mother put it, ‘He’s always been awkward, like, but he’s never committed a crime.’

His father, separated from his mother when he was born, would have nothing to do with him: ‘His father don’t want to know. He had him for a week once and that was enough.’

His mother’s present lover, Angel, had tried a few times to discipline him. ‘But that child is not a small child, he’s a good-sized boy,’ his mother said. ‘He really deserves a good backside, though. Once he was mouthing me off and I cut his arm with a broken bottle to relieve the tension out of my head. His stepdad slapped him one and Darren said, “I can have you up for assault.”’

It seemed to me that we couldn't sort things out over the telephone. The first thing to do was to change his name from Darren to Clive. I asked the mother to come to the hospital. Meanwhile, Darren had a well-earned sleep.

His mother arrived. It was clear she had been about sixteen when Darren was born. 'I just can't handle him no more,' she said.

I shook Darren awake. 'Darren,' I said. 'Your mother's here.'
'Fuck off,' he said.

THINGS TURN OUT BADLY IN THE END

ONE OF THE few lessons I have learnt as a doctor is that, life being what it is, things turn out badly in the end. I don't just mean death, which is bad enough, of course; I mean, rather, that the interval between birth and death is a compendium, a veritable bestiary, of disasters.

Take maternal love, for example. Those who never had it say that it was the lack of it which made them rob post-offices and go to prison. Those, on the other hand, who did have it say that it smothered them, made them complacent and sapped them of ambition, which is why they are still in the same intolerably tedious dead-end jobs.

When I discussed this insoluble problem with a French doctor friend of mine, she quoted a passage from a novel by Romain Gary, to the effect that those who knew maternal love in childhood are bound to be disappointed later in life, which can never fulfil its early promise. All human relationships after mother-love are ruined by 'the poison of comparison'. It is just the same with religion. Those who have no belief are adrift in a vast and meaningless universe, without moral bearings. But those who believe are tormented by their inevitable failure to live according to their precepts.

A respectable middle-aged lady who was taking antidepressant tablets consulted me last week about her religious torment. She

belonged to one of those churches where people speak in tongues and call one another brother and sister. The peculiarity of her sect was that it believed in and prescribed 'the Holy Kiss': after each service, everyone kissed everyone else, not erotically, of course, but as a gesture of universal, all-encompassing love.

Unhappily for my patient, there was in the congregation a lesbian who lingered somewhat over the Holy Kiss. My patient asked her to desist, but to no effect. She asked her again the following week, also to no effect. The third time she slapped her face in full view of the rest of the congregation, which, unaware of what had gone before, was deeply shocked by this outbreak of unsisterly behaviour.

The church warned her that any repetition would result in expulsion (to say nothing of eternal flames). But my patient still felt bitter and angry about the lesbian, and her hostile feelings troubled her conscience. She said that her faith enjoined her always to turn the other cheek and love those who wronged her as herself, but she found that in this case it was simply impossible. Furthermore, it was a tenet of her religion that failure to achieve complete serenity was a sign of insufficient faith.

I asked her whether, perhaps, she was not being a little hard on herself. Were the other members of the congregation stainless and immaculate?

'We are not supposed to judge ourselves by others, doctor,' she said. 'We are supposed to become Christ-like.'

'Yes, but...' I began to object.

'What do I have without my faith, doctor? Nothing.'

It was true: her life heretofore had been utterly wretched, and her faith had only recently redeemed it.

'Have you been to see your pastor about this?' I asked.

'Yes.'

'And what does he say?'

'He says I should keep on taking the tablets.'

I HAVE NO THIRST FOR MARTYRDOM

FROM TIME TO time, I make house-calls under the protection of the police. This is because some of my patients are inclined to violence and I have no thirst for martyrdom. No matter how deluded and paranoid people are, they are usually able to refrain from attacking several policemen, each of whom is over six feet tall.

Last week, one of my patients, a young West Indian, held a knife to his poor, blameless mother's throat, apparently in the belief that she was the Whore of Babylon. He knew this to be the case because the voices told him so. His mother was terrified of him, for he had acted thus before and, like many paranoids in our slums, he was not only physically strong but trained in martial arts. He was now holed up in his flat, which we had a magistrate's warrant to enter.

His flat was in one of those cheerless tower blocks which, to adapt very slightly Le Corbusier's remark with regard to houses, are machines for going insane in. The illuminated name sign of the block on the fourth-floor wall had been smashed by conscientious vandals, and the megawatt thump of two lots of reggae music ran through the walls like vibrations through a tuning fork. The police are as welcome in such tower blocks as bubonic plague in seventeenth-century London.

'Open up, Steven,' said one of the two policemen who came with me, speaking through the letter-box. 'We want to talk to you.'

A loud stream of what is known technically as 'verbal' followed, and I caught a glimpse of the blade of a knife through the letter-box as the policeman withdrew his head with some alacrity.

'I think we need reinforcements,' he said wisely, and radioed for them.

Before long, six more policemen arrived, two with riot shields. Unfortunately, they were not the only ones to arrive on the scene at the time: two young West Indian men, one a leader and the other a follower, arrived from several floors above to join in and add to the fun.

'What are all these honkies doing here?' asked the leader rhetorically.

'Clear off,' said one of the policemen. 'Can't you see we're busy?'

'Don't open the door, man,' shouted the leader to the mad mother-stabber in the flat. 'They've got shields and truncheons.'

'If you don't clear off,' said the policeman, 'we'll arrest you for obstruction.'

'It's my right to be here, I live here,' said the leader. 'Don't open up, man,' he shouted again.

I approached him. 'Look,' I said, 'this man is dangerous, he's ill and we're trying to take him to hospital, so please go away.'

'Don't give me that fucking shit,' he said. 'Don't open up, man, there's too many of them.'

'One last time, go away or we'll arrest you,' said a policeman.

'We live here, so it's our right to know what's going on. Why don't you leave this brother alone?'

About ten seconds later, the pair of them were under arrest and were hauled out to a police van. They will fondly nurture the injustice

done them for the rest of their lives, to justify their antisocial behaviour.

It wasn't exactly mother's day in the area. That same afternoon, I visited another young West Indian who had just head-butted his mother in the belief that she was concealing the keys to his palace from him.

'I've got rights,' he said, and slammed the door.

Mothers, of course, have no rights.

HE RAN OUT OF HALF-SISTERS

I CANNOT QUITE make up my mind which is worse, family life or the lack of it. Suffice it to say that both are dreadful, which proves, I suppose, that life is what pessimists have always taken it for, namely a disagreeable interlude between lengthy periods of oblivion.

I arrived on the ward one day last week to find two nineteen-year-olds lying in adjacent beds. One had tried to poison herself with bleach, the other (a man) with insecticide. Both had failed, though not without causing their medical attendants some anxiety on their behalf.

The clinical notes of the young woman commenced with the memorable words 'Overdose of bleach', raising the interesting medical question as to the correct therapeutic dose of bleach.

The young man had recently gone to live with his father for the first time in his life and had not found the experience encouraging. His father was simultaneously pietistic and amoral, his whim was law, and the young man rebelled against him. The father soon resorted to violence and the young man to insecticide.

His upbringing had been conventional – conventional, that is, for this small corner of the world. He had known no stability in childhood, not even the stability of misery. He had been pushed from one unwilling relative to another.

‘When you’re young, like,’ he explained, ‘you don’t live with your parents.’

I suppose I must have looked surprised by his statement, for he went on to explain himself further.

‘You live with your sisters – your half-sisters, you know, different dads, same mum, like – that’s the way we do it.’

He spoke as if describing an ancient and honourable custom, yet what a wealth of unhappiness, neglect and cruelty his words implied!

Eventually, he had run out of half-sisters – different dads, same mum – with whom he might stay, and was sent to a children’s home, which he tried to burn down. There followed the usual cycle of juvenile crime until one day he realised, almost as a religious conversion, that he was responsible for his own actions. By then, he had been released from the children’s home and was living with his mother. She, however, died, and he went to live with his father; and now the overdose of weed killer had left him permanently impaired neurologically.

The young woman in the next bed came from a close-knit Sikh family. They had long wanted to arrange a marriage for her, but she had fallen in love with a man and secretly married him. He was a Sikh, but of lower caste than she. Her parents found a man in India whom they considered a suitable match for her, and took her there to meet him, where eventually she confessed that she was already married. She was brought back to England, where she was locked up and beaten by her father and uncles until such time as she agreed to repudiate her shameful alliance with the man of lower caste, but she managed to escape and reach her husband. Finding out their whereabouts, however, her family threatened to kill the

husband and had once attacked him in the street. A life sentence for murder was, apparently, a small price to pay for restoring family honour in the eyes of the neighbours. And now husband and wife were obliged to live as hermits, never leaving the dingy hostel which was their only refuge.

In misery's house are many mansions.

NOT A FEW TREAT ME AS AN ORACLE

WHEN I WAS a very young man I thought I understood people. All human conduct was attributable in the last analysis to one or two simple motives, whose workings it required only a certain clear-sightedness (which fortunately I possessed) to perceive.

Now that I have had a little more experience of people, I am convinced that I do not understand them at all. Oddly enough, the less I understand them, the more confidence they seem to place in me: and not a few treat me as an oracle. Some even go so far as to follow my instructions, occasionally with unintended consequences.

For example, I once prescribed tablets for a man to take every eight hours. He returned a month later in a state of exhaustion verging on collapse.

The man had consulted me at eleven o'clock in the morning, and I told him to start taking the tablets immediately. Ever since then, he had taken them at eleven in the morning, seven in the evening and again at three in the morning, setting his alarm to wake him at that wretched hour. I had ruined his life utterly, but he had kept on taking the tablets and I was rather flattered by his fidelity to the letter of my law.

Strangely enough, prisoners expect me to know everything, especially why they do what they do. An old lag, a recidivist burglar

in his sixties, came to my room in the prison last week and asked whether I had five minutes to talk to him.

‘Yes,’ I replied.

‘Good,’ he said, sitting himself down opposite me. ‘I’ve wanted to talk to you for a long time. What I want to know, doctor, is why I keep breaking into people’s houses.’

‘Greed and laziness, I should expect,’ I replied.

He looked a little startled. ‘What?’ he said.

‘You want things but can’t be bothered to work for them, so you steal them instead.’

‘So it hasn’t got nothing to do with my unhappy childhood, then?’

‘No, absolutely nothing.’

He mused for a moment, pondering these new and exotic ideas. Then, somewhat in a tone of nostalgic regret, he said, ‘But I had a job once, doctor.’

As an attempt to prove that he was not lazy, I found his reminiscence unimpressive.

‘And what happened to it?’

‘It didn’t last. I couldn’t do it.’

‘Why not?’

‘I’m a night bird, doctor, and I couldn’t get up of a morning.’

‘And so you returned to burglary.’

‘Yes. But I only stole from them what could afford it.’

‘I expect they had more to steal,’ I said.

The old lag rose from the seat. ‘Thank you, doctor. I’m glad I’ve seen you.’

‘Don’t mention it,’ I replied.

Next day, back in the hospital, I spoke to a man just before his discharge who looked like a professional hooligan: shaved head, ring through his nose, a skull tattooed on his forearm.

‘What are you going to do when you leave hospital?’ I asked.

‘I don’t know,’ he said. ‘You’re the expert.’

A TRUTH UNIVERSALLY ACKNOWLEDGED

IT IS A TRUTH universally acknowledged that something must be done about it. And it follows that if something *must* be done, it *can* be done.

Since activity is as good as action, the first thing to do is to form a committee. The purpose of this committee is to assure the Health Authority that it can assure the Ministry that it can assure the Minister that he can assure the Government that it can assure the Opposition that something is indeed being done.

The ideal committee should have at least the following members: a hospital consultant, a specialist in public health, a policeman, a clergyman, an occupational therapist, a probation officer, a social worker, a local councillor, a physiotherapist, a representative of the voluntary agencies, a JP and a prominent local businessman. This will ensure that the committee cannot meet more than once every four months, and then only after a long list of apologies for absence.

The subject of the committee's deliberations should be vague but important: alcohol is a good example. As everyone is aware, alcohol is responsible for accidents, murder, suicide, cirrhosis, cancer, heart disease, stroke, divorce, crime and ruination, as well as 95 per cent of the enjoyment at social occasions and a considerable, if lesser, proportion of government revenue. It is therefore a perfect candidate for the inaction-through-activity strategy, and indeed every regional

health authority now has a Regional Alcohol Co-ordinating Advisory Committee to stem the tide of alcoholic over-indulgence and to act as a government sop to zealots for whom a long and healthy life is necessarily a happy one.

I found myself temporarily co-opted on to one of these committees a little while ago. Every few months we listen to a lugubrious detective inspector reading out the drunken offence statistics since our last meeting, usually followed by an account of a Particularly Horrible and Brutal Murder Committed While Under the Influence. We tut-tut with deep feeling, and even shake our heads.

Everything on the committee was proceeding smoothly and serenely when the health authority suddenly gave us £20,000 to spend. This was rather more than could decently be expended on our sandwiches, and the committee's chairperson (it would be invidious to mention her sex) panicked. There was nothing for it but to carry out a survey.

But what did we want to find out?

Nothing sprang to mind.

We decided to call in a firm of consultants. Their services would cost £12,000 and a part-time secretary would ensure that we overspent slightly, a sure sign of our diligence. The money will have been spent, something will have been done, and the consultants' report will be at least twenty pages long.

I HAVE NEVER REALLY BELIEVED IN HEALTH EDUCATION

THERE IS A METHOD known to psychologists as 'paradoxical intention', by means of which patients bring about a desired end by striving for its opposite. Thus, insomniacs are instructed to apply all their will-power to staying awake at night, and to pinch their thighs if they feel themselves sinking into the arms of Morpheus (to turn poetic for once).

How typical of Man that he should aim at one thing and achieve another! That is why I have never really believed in health education, especially when it is directed at the young, who are generally even more perverse than their parents. Told not to smoke, they will at once light up. I don't suppose I should ever have taken marijuana, amphetamines or cocaine had they received the seal of Good Housekeeping.

When the Government began to spend our hard-earned money on Aids education, therefore, I knew at once (on general principles) that its campaign would be at best redundant and at worst harmful, to say nothing of its completely predictable mendacity.

Of course, there are those who will maintain that the non-occurrence of a heterosexual epidemic of Aids, so long foreseen by experts from the slough of Epidemiological Despond, is sufficient proof of the necessity and effectiveness of the campaign, and that now is not the moment to drop our guard (or expenditure); but such

people may safely be ignored. Their jobs depend upon a permanent effervescence of publicly-funded panic.

No doubt the motives behind some of the untruths which we were told in the course of the campaign, for example that 'Aids is not prejudiced', were honourable. The epidemic was sometimes likened in severity to the Black Death, and, as everyone knows, popular responses to epidemics of plague in mediaeval and early modern Europe were not always fully rational. Scapegoats were found, and in those countries which had not already expelled them the Jews were accused of poisoning the wells. It was probably felt that our population, being even worse educated than it was in 1348, might respond discredibly to the idea that Aids was a disease of certain groups, and indulge in pogroms against them. It was to avoid such behaviour that the truth was concealed by slick advertisers' slogans.

While I have every respect for the ability of the public to grasp the wrong end of the stick, and to worry itself to distraction over small and distant risks while disregarding large and near ones, I feel that honesty would have been a better policy on the whole (though I acknowledge that such a policy doesn't come naturally to any government). The problem with disseminating untruths is that they will be eventually found out, further destroying belief in legitimate authority and inducing a cynical nihilism.

The Government has spent more than £800 million on the containment of Aids through health education, and it appears that Aids has been more or less contained, ergo (some will say) the money was well-spent. Certainly the army of careworkers, co-ordinators, project leaders, outreach workers, counsellors and others – larger than the legions of the afflicted – which the disease has

spawned have enjoyed seven fat years and helped reduce the numbers of the unemployed.

The question I ask myself, and the real mystery of the epidemic, is where did they all come from, and what did they do before there was Aids?

WHAT DO THEY EXPECT?

ONE MORNING LAST week, I was woken by the telephone. It was three o'clock and I groaned like someone coming round from an anaesthetic.

'It's the prison here, doctor. I'm the night sister. Sorry to bother you at this hour, but L519726 Jones has just swallowed a safety-pin.'

'Open or closed?' I mumbled.

'I'm sorry doctor, what did you say?'

'Was the safety-pin open or closed?'

'I don't know, doctor. I'll go and ask.'

Vague and indistinct noises emanated from the telephone receiver, followed some time later by approaching footsteps.

'He says it was open, doctor.'

'Why did he do it?' I asked.

'I don't know, doctor. I'll go and ask.'

There were the same indistinct noises and approaching footsteps.

'He says it was boredom.'

Boredom? Good God, what do they expect in prison, an all-night cabaret?

'Send him to casualty,' I said, and rolled over.

Next morning, I met him in the prison hospital. He looked fresher than I. An X-ray had revealed that it had been a false alarm, the safety-pin was closed, and eventually he would pass it per rectum.

‘It must have closed itself on the way down,’ said the prisoner.

‘You said you swallowed it because you were bored,’ I said.

‘No, doctor, I was picking my teeth with it, and it suddenly slipped down. It wasn’t intentional.’

Like his crime, no doubt. The next prisoner was a truly pathetic man, tormented by hallucinations.

‘There are seven kinds of worm, doctor,’ he said. ‘I’ve probably got flatworm, but I’ve definitely got tapeworm, because I can hear it talking to me.’

No doubt advances in the parasitological sciences will soon result in a compact-disc worm.

My next visitor was a nonce – a sex offender – who had the misfortune to be middle-class as well. A nonce without a glottal stop is in double jeopardy, and the inmates had lost little time in making their feelings known. A group of six or seven of them had pounced on him when there were no warders present and they had beaten him black and blue.

‘I didn’t know animals like that existed until I came here,’ said the unfortunate man.

I patched him up. He asked me whether what he had experienced was common or unusual.

‘Common, I’m afraid,’ I said, and did not like to add that it was likely to be repeated unless he volunteered for solitary confinement, it being impossible otherwise to contain the moral outrage of burglars, armed robbers, muggers and arsonists.

Finally, a bull of a man came to see me. He was a notorious gangster who had administered savage beatings to many enemies

and had slashed the faces of several young men with a knife. He said he was feeling utterly despondent, and I asked why.

He handed me a letter and I knew without reading it that it was a Dear John – a letter from a wife or girlfriend to say that she was leaving him for good.

The gangster turned his eyes up towards the heavens like the Virgin in a painting by Murillo, and said, 'What have I ever done, doctor, to deserve this?'

WE DON'T SEE MUCH OF EACH OTHER

I WAS CALLED out to a local housing estate last week because a lady was reported to be disturbing her neighbours there at night. As I approached her house, I felt the rhythmic vibration of very loud rock music enter my legs through the pavement. Then I heard a deep crump, like a distant barrage of artillery. Finally, my eardrums began to tingle uncomfortably.

In the slums, one measures the volume of sound not in decibels, but on the Richter scale.

No wonder the neighbours are complaining, I thought. One of the worst things about poverty these days is the sheer ubiquity, the inescapability, of rock music: it's enough to drive one mad. Then I discovered the source of the music: a beaten up old car, painted blue and mauve, inhabited by two young black men, one in a knitted woolly cap in the colours of the Ethiopian flag, and the other in a Che Guevara beret. I was rather surprised to discover that they were not the complained about, but the complainants.

'She's out here all fucking night,' they bellowed above the music, 'banging on our doors.'

Then they drove off in a U-turn, tyres squealing, smoke rising from the road in their tracks.

The lady in question came to the door and invited me in. Her home was in some disarray, with old newspapers piled with the

washing-up and dirty linen. I could hear next door's radio through the kitchen wall.

'Is there anything wrong?' I asked.

'No,' she said. 'I'm just cooking toad-in-the-hole. I like to experiment.'

She cackled. An evil-looking, pale substance lay on the kitchen table in a baking-tray encrusted with the black detritus of past efforts, among copies of some of our less intellectual magazines for women.

'I gather you go out at night banging on people's doors,' I said.

'I'm preaching to them, that's all,' she replied. 'Like the Lord tells me to.'

'Do you hear him direct?' I asked.

'No, he speaks to me in dreams. I'm one of his apostles.'

'One of the twelve apostles?' I asked.

'Yes, the twelve.'

I suppose there is no intrinsic reason, if you believe in reincarnation, why one of the twelve apostles should not reappear as a woman in Cherry Park Housing Estate, or why, once there, she should not make toad-in-the-hole. I asked whether I could speak to her son in private. She called him down from his room.

He was an immensely fat young man, so fat that the very effort of breathing made him breathless. When he sat on the kitchen stool, his buttocks overflowed it. He wore a T-shirt with a picture of some jet aircraft and the legend SADDAM BUSTERS in two lines on the front, the word BUSTERS disappearing in the deep fold between his stomach and his breasts when he sat.

'Have you noticed anything wrong with your mother recently?' I asked.

The drivelling facetiousness of a disc-jockey came through the wall from next door.

‘No,’ he wheezed. ‘We don’t see much of each other. I have my own room, like.’

The house seemed too tiny for separate lives. I was suddenly seized by sorrow and pity for the blighted ugliness of so much of our country, for the bleakness of so many of our citizens’ lives. Better my patient should believe herself elect of God than see things through my eyes!

CAREER-PROMOTING VERBIAGE

IT'S TERRIBLE TO be ill, of course, but it's far worse to be a doctor. That's why so many anaesthetists end up sniffing their own gases; why pathologists choose the monastic calm of the morgue; and why microbiologists love their germs and GP's their golf.

I recall a professor of anatomy once remarking that you don't have to be very intelligent to be a doctor. The trouble is that most doctors are very intelligent, at least by comparison with the great majority of the human race. Routine soon bores them; the infinite capacity of their patients to grasp the wrong end of the stick exasperates them. And so they turn to research, or at least some of them do. The reliability of the test tube comes as a relief after the inconsistencies of the patients.

And did one really need to undergo years of rigorous training to think of a reason why Mrs Smith's right knee aches when it's raining, but her left when it's foggy? Dealing with people makes you appreciate things.

The research career of most doctors (I am not talking now of scientists by vocation) falls into two phases.

The first occurs early, shortly after qualification. The object of this phase is not to extend knowledge, but to produce scientific papers. These are very necessary for climbing the ladder of promotion. An aspirant to a post who has published nothing is a no-hoper, like a

pensioner starting ballet classes. Only the number of publications counts, not their quality. Entire journals exist to cater to this flood of career-promoting verbiage, and if one were designing a system to encourage industrious mediocrity one could do no better. How many mice have been irradiated, how many rabbits 'sacrificed', how many patients unwittingly bled to the point of anaemia by thesis-vampires, in the pursuit of a senior registrarship!

The second phase of a research career starts when a doctor realises that he has climbed as high as he is ever going to in the medical hierarchy, and that the patients he is seeing now are the same as the patients he will be seeing in twenty-five years' time when he retires (doctors who retire early have a longer life expectancy than those who retire late). To keep the brain alive, to avoid existential despair, doctors resort to tinkering at the frontiers of knowledge.

A consultant of my acquaintance is informed by computer whenever a patient is admitted to his hospital with a certain insignificant biochemical abnormality which he has been studying successfully – a paper every six months – for years. When such a patient arrives, the consultant is like a dog with a bone. Unbeknown to the patient, he or she is likely to be kept in hospital two weeks longer than necessary. Once, in the days when I thought I knew the difference between right and wrong, I informed a patient of her fate at the consultant's hands.

'That's all right, dear,' she replied. 'I like it here. What would I be doing at home anyway?'

IT'S ALL VERY PUZZLING

IN SOME RESPECTS, I am rather like an economist: I don't really understand economics. For example, I once cabled some money to a friend of mine across the Atlantic and he claimed (when the time came for repayment) not to have received it. The money was debited from my account all right, but never – apparently – credited to his. The question I ask is: Where is that money now? What is its ontological status and where did it go, if it went anywhere? I find it all very puzzling.

On the other hand, I know well enough where taxes come from and where they go to. I returned from a brief holiday recently to find a tax demand for £14,000 waiting for me. I had to tell someone about it, so I confided in my physician friend, a man of the utmost financial rectitude. He is also a notable scientist, a wholly rational man, not given to speculations about the para- or supranormal.

‘What an amazing coincidence!’ he exclaimed.

‘Why?’ I asked.

To cut a long story short, he had recently been asked by the lawyers of an accused man to act as an expert adviser. The case was a long and complicated one, and he worked 100 hours on the papers of the case, eventually submitting a bill for £7,000, or £70 an hour.

The lawyers phoned him by return, to say that he had grossly undercharged. Since they, the solicitors, charged £100 an hour for the services of an unskilled clerk, it would not do at all for a hospital consultant to charge much less. Would he please amend his bill and charge twice the original sum, that is to say, £14,000?

Now where will the £14,000 come from? The accused, it goes without saying, is a pauper with not a penny to his name. He is on legal aid: thus the £14,000 will come from taxes.

Well, it could be worse. The income on which I am being charged the £14,000 tax is derived from National Health Service medico-legal work; that is to say, from taxes. So the tax on my tax-derived income will pay for my colleague's tax-derived income, which will, of course, be taxed. Thinking about it for too long makes one feel a little dizzy.

I appreciate that it cannot really be the same money just going round and round in ever-decreasing circles. The spiral must be broken somewhere, and some of the money has eventually to be spent on something tangible.

Take, for example, a patient I treated this morning, a young alcoholic. He had reached such a pass that the Department of Social Security gave him a grant of £312 – derived from taxes, naturally – to buy furniture for his rent-rebated council flat. And what could be more tangible than furniture, especially in a flat where the floor served as a bed and the curtains as bedclothes?

Unfortunately, my patient spent his grant not on furniture but on vodka. As a taxpayer, I was outraged by his wilful misuse of public funds – until, that is, I recalled that 90 per cent of the price of a bottle of vodka is... tax.

THE ETHNOSENSITIVE TERMINOLOGY FOR COFFEE

I WAS INFORMED last week by a completely reliable source that in a social services office not far from here it is no longer possible to have a cup of black coffee, though non-white coffee is *de rigueur*. No doubt it took several lengthy meetings to decide the correct (that is to say ethnosensitive) terminology for coffee with and without milk; and it is to such important matters that social workers devote most of their time, which probably explains why it is so infernally difficult to get hold of one on the rare occasions on which it is necessary to do so.

By coincidence, such an occasion arose last week. A patient of mine had struggled manfully with a debilitating disease for some years, but had never given in to it; he ran a small business, selling second-hand ornaments in the market. Eventually, the combination of his disease, the dishonesty of the British public and the thuggery of his competitors (from which the police provided him with no protection at all) defeated him, and he decided to throw himself upon the mercy of the welfare state. He did what he had never done before: he despaired.

As he was increasingly handicapped by his illness, I thought it would only be kind to provide him with as much help as possible, and a social worker would have been able very easily to straighten

out a few matters on his behalf. I phoned the department of social work.

The phone rang for a long time, but I knew from experience that this was not necessarily because there was no one in the office. I was right: a somewhat sulky voice answered at last, and I explained what I wanted.

‘Today’s a strike day,’ the voice replied.

I did not enquire how it was that compassion went on strike, for fear of receiving an earful of sub-Marxist rationalisation.

‘And when will you be returning to work?’ I asked.

‘Tomorrow,’ she replied.

I asked my patient to come back the following day, when I should find him a social worker to assist him.

Another day, another telephonist. I explained to the new voice what I wanted. She asked for the address of the patient and, on hearing it, said I had come through to the wrong office. She gave me the telephone number of that, which in her opinion, was the right office.

The telephonist of the right office, having taken my patient’s address, was of the opinion that the first office I had rung was actually the right office.

I called back; the telephonist apologised and admitted that she had made a mistake, but unfortunately there was now no one in the office to take my call, but if I called another number, she was sure I should find someone to help me.

I made my fifth phone call in pursuit of a social worker, to discover that the number was that of a general practitioner’s surgery. It was true that a social worker went there every alternate Thursday, but he

was not expected for another ten days. It was suggested that I try another number.

I made several more calls, without success. Social workers were either in meetings or off sick.

At last I was told that my patient's problem did not come within the purview of social services.

By this time I had worked out why social workers were so difficult to contact. The people who need them often do not have telephones in their homes, and have to call from public call-boxes. They run out of coins before they can trace their social workers.

Who can blame social workers for avoiding the public? I sometimes resort to similar tactics myself, so I suppose it is a case of the kettle calling the pot b... – non-white.

LAWYERS ARE VANDALS

ALL PROFESSIONS, except medicine, are conspiracies against the laity, but one is worse than all the others put together. I refer, of course, to the law.

For example, when drawing up my will, lawyers translated my half page of clear and generous provisions, expressed in crystalline prose, into six pages of unintelligible gobbledygook, by the end of which I couldn't tell my beneficiaries from my executors. They did this, of course, in the name of clarity.

Lawyers are to language what vandals are to telephone kiosks. I am often called upon to write reports for them about their clients, who claim either compensation for an accident at work or that their vile and criminal behaviour was the result of a subliminal glandular disorder. Naturally, my reports are models of concision and elegance, but the same cannot be said of the letters I receive in return from lawyers.

I examined a man not long ago who fell down a hole at work and has been a nervous wreck ever since. He is suing his employers for negligence. I wrote that there was no doubt his residual symptoms were the result of his accident, but that in such cases it was notoriously difficult to predict how long they would last. Six months later, I received a letter from the lawyer, whose verbal constipation was nearly fatal to his meaning:

The situation seems to be that Mr G. continues to suffer nightmares the content closely connected with the accident and certainly an inability to function in circumstances which could be a repeat of the experience. You may be aware that there is now recognised as we understand it clinically by psychologists as well as by the judiciary that persons do suffer from post-traumatic stress disorder. Do you have such experience and if so, can you expand the report in this respect? Is there any possibility of you considering the aspect further as to whether in your view the nightmares are going to be permanent bearing in mind they are still continuing. Could you place some time element on the prognosis that you give?

In other words: Mr G. still has nightmares. Were they caused by the accident? How long will they last?

And another thing about lawyers. They never pay their bills. One firm of solicitors owed me more than £1,000 for reports done a year ago. I wrote them six letters and finally telephoned a partner in the firm. He told me that the accounts department had decreed that all payments should be held up as long as possible because the firm had overspent on office refurbishment. I wrote to the Law Society (who did not reply), and a few days later I received a letter from the partner to whom I had spoken.

‘I am sorry you felt it necessary to write to the Law Society,’ he wrote. ‘Nevertheless, I hasten to enclose a cheque to you.’

I savoured that richly dishonest ‘nevertheless’. And if ever he hastens so slowly again, I’ll ... yes, I’ll sue him.

HE REMEMBERED NOTHING BUT HIS INNOCENCE

I TAKE IT AS axiomatic that all men want to be free: free, that is, of the consequences of their own actions. When things go well, they praise themselves; when they go badly, they call a doctor. The function of the doctor is to furnish excuses, whether to wives or to courts.

I saw a notable miscreant in the prison last week. In the old days, absence of mind led to the creation of the British Empire; nowadays, it leads to indecent assault. Naturally, the man in question, remanded on such a charge, remembered nothing, having been drunk at the material time, but his amnesia did not prevent him from strenuously asserting his innocence.

His solicitor asked me to examine him because he had behaved so consistently badly since youth that his delinquency amounted to prima facie evidence that there was something wrong with him. It is not normal, said the solicitor, for a boy of nine to set fire to cats after dousing them with kerosene, or dissolve live goldfish in sulphuric acid; to which I can only add, 'What sheltered lives our lawyers lead!'

The young criminal (or victim of circumstance, according to one's philosophical taste) was called into the white-tiled consulting room by an old warder, whose view of humanity had been somewhat darkened by a life of contact with the utmost villainy. I knew him of old: he believed that prisoners, being wicked, were immune to every

disease and injury, and that, in a prisoner, death itself was but the highest form of malingering.

(I find my own cynicism witty and sophisticated; but in others I find it callous and brutal.)

'There must be something wrong with me, doctor,' said the young man who had the usual scars on his face and tattoos on his neck.

'Why's that?' I asked.

'Well, I keep doing these things what I don't mean to.'

'Such as?'

'Well, I keep losin' it like, and it's doin' me 'ead in.'

This was psychobabble à la underclass.

'You couldn't be a little more specific, could you?' I asked.

He could. Whenever he and his wife ('common-law, like,' he added) quarrelled, his mind suddenly went blank and he hit her. Sometimes he would grab her by the hair and bash her head against the wall. After several years of such treatment, she had decided to leave him.

'It's doin' me 'ead in, doctor, I can't take no more.'

At the end of my consultation, I told him there was nothing I could do for him.

'Are you saying there's nothing wrong with me?' he asked angrily.

'No, I'm saying there's nothing I can do for you.'

'Well, there's only one thing left for me to do, then,' he said.

He meant suicide, of course; and he thought the prospect of an appearance in the coroner's court was so terrifying to me that I would write him an exculpatory report.

'Anything I do from now on, doctor, it's on your 'ead.'

'No, it isn't,' I said firmly.

On my way out of the prison, I noticed a magnificent black dog held on a short leash by a warder, to discourage prisoners from seeking freedom from the consequences of their own actions.

‘Is your dog friendly?’ I asked, stroking him.

‘Put it like this, sir,’ said the warder. ‘If this dog was ’uman, ’e’d be in Broadmoor.

MY LITTLE JOKE WENT UNHEEDED

A MIDDLE-AGED lady appeared in my consulting room last week with a black eye. Her cheek was reddened not by rouge, but by a fist.

‘My husband’s an agoraholic, doctor,’ she said, explaining the provenance of her facial blemishes.

‘Then I suppose that you must be alcophobic,’ I replied.

My little joke went unheeded, as I intended. But it is a comfort to know that, our economic difficulties notwithstanding, family life in our country continues unchanged.

A young man of sixteen took an overdose last week because it was very cold, he was tired of sleeping rough and it was warm in the hospital. In one way, he was rather remarkable: he knew both his parents and he knew their whereabouts. Unfortunately, neither of them wanted him. They had separated when he was eleven. Initially, he had stayed with his mother, but she had grown bored with him: he interfered too much with her social life. She married young, and wanted to live a bit. He truanted from school for a year, without the school even noticing: in the schools in this district it is presence for a year, not absence, that is unusual. He went then to live with his father, a man of ungovernable temper and wild appetites, at least in the home. He was another man entirely when he left the confines of his domestic tyranny, becoming at once affable and amenable. He

was popular in the local pub, well known for his good humour and willingness to do anyone a favour.

‘If he was to come into this room now,’ said his son, ‘you’d think what a nice bloke. He’d be reasonable with you, butter wouldn’t melt in his mouth. That’s rubbish: he’s a home devil but a street angel, that’s what he is.’

Matters grew worse when the father married for a second time. His second wife came with three children by a previous marriage and soon had two more by the second marriage (this being a world in which uncles are sometimes younger than their nephews, sisters are old enough to be the mothers of their brothers, and mothers are young enough to be the sisters of their children). The stepmother conceived a violent and implacable dislike of her stepson and waged war on him. Their flat was small and one day she told him not to return until he had a job and could thus contribute money to the household.

The stepmother in Grimm who in the midst of midwinter told her stepdaughter not to return until she had filled her basket with wild strawberries did not set a more difficult task than this modern stepmother, wild strawberries in the snow-covered forest being no rarer than employment opportunities in the city for barely literate and unskilled sixteen-year-olds.

It is strange how literature sometimes illumines life (or is it the other way round?). I was called last week to a man who had not left his flat for thirty-five years, not since his brother emigrated to Argentina. He had intended to go with him, but for one reason or another was unable to do so. His brother was now the manager of an estancia; his brother, back in the grey slums of home, lived with

memorabilia of gaucho life on his walls – saddles, lassos, cowhorns and bolas. He played only tangos on his old gramophone: the Miss Havisham of the pampas.

DISCONNECTED NEURONES

LAST FRIDAY, at nine o'clock in the evening, I was eating dinner when the telephone rang. It was the prison: an inmate had coughed up some blood and now had a fever. Would I come in to see him?

I arrived at the prison hospital to find the patient sitting with four warders drinking tea.

'I'm sorry to have to call you out at this time of night, sir,' said one of them.

The prisoner, whose few naturally occurring neurones had been disconnected by the synergistic effects of the British diet and the British educational system, looked as vacant as an Albanian car park. He was one of those self-tattooed people who introduce ordinary blue ink into their skins to create an epidermal memento of Mum and Dad, or to apostrophise Love and Hate. It was nearly impossible to take a history from him, and when (ever conscientious) I asked whether there was any TB in the family, he replied that his father had it.

'How long has he had it?' I asked.

'All his life,' he replied.

I grew suspicious. 'Do you know what I mean by TB?' I asked.

He thought for a time and I waited for the answer, as at a supermarket checkout for the total to be rung up.

'No,' he said.

I prescribed some medicine, in syrup form as for a child: his medical record showed that in the past he had failed to take tablets, pretending to swallow them and then hoarding them in his cell.

‘While you’re here, sir,’ said the warder, ‘would you mind having a look at Fisher down the strip?’

Prisoners in strip conditions have no clothes (except for a shapeless gown or a pair of baggy shorts) and their cells are without furnishings, to deprive them of the means with which to commit suicide. En route, we passed the cell of a deaf-mute sex offender who shouted out to us in his incomprehensible verbigeration. One forgets that the truly unfortunate may also commit crimes.

Fisher was indignant over his strip conditions. ‘It’s depressing down here, doctor,’ he said.

He had a point, certainly. His cell looked as though it had been devised by a psychologist conducting experiments on sensory deprivation. A half-eaten meal in a plastic bowl lay on the floor. Neither the bowl nor the accompanying spoon would have been of much assistance in ending it all. I asked him why he had been put in strip conditions. The warder standing next to me answered for him.

‘He tried to hang himself with his shoelaces in court,’ he said.

‘What, in the dock in front of the judge?’ I asked.

‘No, in the cells down below, while he was waiting for his case to come up.’

I turned to Fisher. ‘So you tried to hang yourself?’ I said.

‘Yes, but it was a long time ago, doctor.’

‘How long?’ I asked.

‘Last Wednesday.’

THE VERB 'TO PP-9'

I WAS ON DUTY at the prison over the Christmas holiday. The iron walkways and old Victorian brickwork were festooned with paper chains and bells of gold and silver foil. There was a Christmas tree on every wing, organ music emanated from the chapel and according to the menu book which I signed, certifying it fit for Home Office consumption, there was turkey and plum pudding for lunch. (Actually the food in prison is much better than in hospital.)

I was accompanied on my rounds by an old warder who told me that this, thank goodness, was his last Christmas on the inside. He was retiring after forty-five years in uniform.

'I expect you've seen some changes in the service,' I said.

'Oh yes, sir,' he replied. 'Cons in them days didn't have no freedom, and they couldn't see a doctor until they was dying.'

We were both lamenting the now irrecoverably lost era of plain common sense when another warder approached us.

'Would you mind seeing a nonce for me, doctor?' he asked. 'He says he can't keep no food down.'

I went to the prisoner's cell. He looked angry rather than ill.

'Every think goes straight through me,' he said, tracing the passage of food through his entrails with his finger. 'Even the potatoes.'

'How long have you been like this?' I asked.

‘Ever since I come here,’ he replied. ‘You should see the food – I wouldn’t give it to a dog.’

‘Unfortunately, sir,’ said the old warder as we continued our rounds, ‘it’s true that the nonces get the worst food, the leftovers like. It’s the cons what distribute the meals, and they don’t like the nonces. We do what we can to stop it, but it still goes on.’

Next I called on a remanded murderer who had refused his breakfast because he said he was innocent of the charge. In the good old days, of course, if a man refused his breakfast it was his own affair; nowadays, a doctor is called immediately to pronounce on the matter.

My rounds over, I was on my way out of the prison when I received an urgent call from C Wing. Prisoner Smith, it seemed, had just been PP-nined; could I come at once?

Some of my readers, perhaps, will not be familiar with the verb to ‘PP-nine’, which may be used in either the active or passive mood, but only – so far as I am aware – in prison. It means to put a PP-9 battery in a sock and then hit someone with it. I was told by one warder that in certain prisons such batteries are considered too valuable to be put to this use, and tins of mandarin oranges are substituted: hence the alternative expression to ‘mandarin’ someone.

I need hardly add that the appearance of the prisoner who had been assaulted with a battery was dreadful to behold. He was in debt to the drug barons, it seemed, and this was intended as a warning to him to pay up or else.

A Merry Christmas to all our murderers!

THEY HARDLY EVER KNOW

IN MY EXPERIENCE, criminals hardly ever know what came over them. They ascribe their absence of mind variously to drink, drugs, their childhood, stress and the menopause. The problem for those of us who believe in plain human wickedness as an explanation of criminal behaviour is that criminality is susceptible to statistical analysis, which clearly demonstrates that a bad upbringing is bad for one.

I went to court last week to testify on behalf of a patient of mine who didn't know what came over him. It was during this unfortunate period of amentia that he hit his wife with a brick. The explanation, from the point of view of the defence, was intimately bound up with the poor impression of women he received at the age of four, when his mother ran off with her lover, leaving him to be brought up by his debauched alcoholic father and various local authority children's homes.

The first thing one notices about a criminal trial is – as a Marxist might put it – its class basis. In a nutshell, it is social class I versus social class V. I may be biased, but I prefer it that way: the thought of social class V versus social class I is enough to make my blood run cold.

The judge and counsel deliberate on the fine jurisprudential requirements for mens rea, watched by the defendant's relatives and

friends, who have spiders tattooed on their necks.

My patient, whose profession was drug dealing, was charged with murder. This is a crime of specific intent: that is to say, he must have intended actually to kill or seriously injure her. In claiming loss of memory (as do a third of murderers), he thought he was making it difficult for the court to convict him, and he was not entirely mistaken. At the time of his crime he was drunk, but there was little other evidence as to his mental state at the time. I was called to testify whether his amnesia was genuine.

The greatest fool may easily ask more than the wisest man can tell. Could my patient remember, or couldn't he? It was as much a question for philosophers as doctors, and despite some fierce questioning I insisted that there was no test available to decide between the two possibilities. Prosecuting counsel murmured despairingly, 'Throw physic to the dogs!'

I was in the witness box for some time, and needed a break. I went to the restaurant in the courthouse and sat down with a cup of coffee. A woman approached me.

'Excuse me, doctor,' she said. 'I'm Bert's wife-to-be.'

Bert was the defendant, and I almost said that I thought she wouldn't be seeing a lot of Bert for the next decade or two (which perhaps was just as well).

'Do you really think he can remember, doctor?'

I had the feeling that upon my reply depended the future marriage. Suffice it to say that memory is the kindest faculty. I have a patient who once stabbed a close friend in the chest. He refers to the occasion as 'the night Bill had his accident'.

AN EMBLEM OF OUR DECLINE

I TRUST IT IS by now evident that I favour the utmost economy in the public service, which is why I heartily applauded the recent decision of the hospital management to replace our staff canteen with a vending machine.

No longer will we – the doctors – have to suffer at lunchtime the agony of watching the canteen staff wade through invisible treacle to record our orders, produce food, take money and deliver change in ergonomically the least efficient fashion known to man. From now on we shall deal with an utterly reliable, clean and practical machine of polished stainless steel and glass.

Of course, there have been one or two teething troubles. The machine has been placed in the former canteen; to prevent patients or other unauthorised persons from vandalising it, a combination lock has been installed in the door. A circular was sent to inform us of the combination number by which to gain entry (4 and 6 pressed together, followed by 8), and we were asked to destroy the circular once we had memorised it. One wouldn't wish it to fall into the wrong hands.

My secretary and I went last week to try out the new machine. I pressed the numbers into the combination lock and then nearly broke my wrist on the immovable door handle. I tried again: same result, or lack of it. A third time and, wonder of wonders, the door

opened before I had time even to try it. It was opened by a member of the old canteen staff, lurking in her old haunt still, who heard my curses when the door did not open as it should have done.

‘I’m sorry, doctor,’ she said. ‘but they sent you the wrong number in the circular. They’re sending out the right one soon.’

Until then, she would be on duty to let in the misled customers.

How emblematic, I thought, of our economic decline: we spend money on machines but continue to employ the labour they are supposed to replace.

My secretary and I approached the vending machine with due reverence. There was a choice of about thirty items, from sandwiches and apples to packets of crisps and whole meals to be reheated and made soggy in the microwave (use of which was free of charge). There was but one problem with extracting food from the machine, which was that it accepted only the correct change. In this, it was perfectly pitiless: not a penny more would it take, and certainly not a penny less. Most of the items cost sums such as 23, 47 or 89 pence. A member of staff who had come for a sandwich ended up with an apple, because that was the only item whose cost fitted her supply of change. These problems will no doubt soon be overcome. I have every confidence in our excellent catering manager.

This morning, we all received another circular from him:

I have organised a training session for anyone wishing to be instructed on how to operate the new Vending Machine located in the old canteen.

I CONSIDER MYSELF NEAR THE TOP OF THE PILE

I DON'T HAVE many fundamental beliefs, but one of them is in the inevitability of hierarchy. Though personally of humble origins, I consider myself very nearly at the top of the human pile: a place which I find inhabited by many pretenders and impostors.

Nowhere is hierarchy more evident than among prisoners. The nonces are the untouchables of prison life, but even among them there is a pecking order: rapists are more highly regarded than exhibitionists, who are superior to child molesters.

One day last week I was examining the new arrivals from the courts when I heard that a nonce – in this case, a rapist – had fallen in the shower and cut himself.

'Fallen in the shower' was, of course, a euphemism for 'got punched in the face'.

In the absence of a nonce of lower grade, the other new recruits to the penal system had turned upon him and beaten him up while the warders' backs were turned. Since a squealer is lower even in the prison hierarchy than a child molester, the assaulted rapist would not reveal what had happened to him or who had done it.

As I sewed up his flesh, which had been split to the skull, he asked – to maintain the illusion of an accident – whether many people slipped in the showers, and even managed to manifest

outrage that the Home Office should not have provided non-slip flooring. Then he asked how many stitches there were to go.

‘This is the last one,’ I said.

‘I’ll be ’anding out a few stitches of my own when I get back out there, doctor,’ he said.

I advised him against this course of action, but he was an old lag and he knew what was what.

But what he couldn’t understand was why his girlfriend had suddenly accused him of rape.

‘One minute she was all luvvy-duvvy, like,’ he said, ‘and we was going to Spine togevver. The next minute she was screaming rape and calling the rozzers in.’

He admitted it was possible that, in his habitual drunken state, he might have forced his unwelcome attentions upon her; but what was really despicable, quite beyond the pale, was the involvement of the police.

‘There was no need for it,’ he said (this time his outrage was genuine enough). ‘I mean, she’s got free bruvvers and loads of ex-boyfriends. She could’ve got them to come round and given me a good ’iding, like, wivout getting me into all this trouble.’

‘And saved the tax-payer a lot of money,’ I added.

‘Yeah,’ he said, suddenly seeing the whole business from the middle-class point of view.

Sometimes I wonder what prison is for. I was consulted last week by a burglar two days before his release about a small medical matter. It had been his first sentence and I asked him what he thought of prison.

‘It’s been very educational,’ he said.

‘You joined the Open University?’ I asked.

‘No, doctor. Before I came in, I was like them trees out there.’ He looked out of the window. ‘Green. But now I’ve made a lot of useful contacts.’

MY OWN INFREQUENT MOMENTS OF PARANOIA

LIKE LORD JUSTICE Butler-Sloss, Dr Marietta Higgs and all right-thinking people, I am against the sexual abuse of children, though it has fleetingly crossed my mind that the complete extirpation of such abuse from our green and pleasant land will perhaps prove rather difficult.

Indeed, the very attempt to do so by the Torquemadas of our social services might on occasion result in more harm than good.

Last week I was called to see a man who had suddenly become convinced that 'they' were after him. He had barricaded himself and his family into his house, and would answer neither the door nor the telephone. Less than a fortnight before a pair of social workers had called at the house and declared that a denunciation had been received from an unnamed source to the effect that the man had been sexually abusing his daughter.

The daughter was taken away and subjected to torture (for such is the correct characterisation of an interview with the unctuously compassionate bureaucrats of care). Nevertheless, she refused to confess to her father's crimes and was reluctantly returned home.

The fact that the family had previously been a close-knit one was regarded as especially suspicious by the social workers; and the community in which the man lived, being a small one, soon got to hear about the accusations. Never of strong character or intellect,

and unable to disperse the Kafkaesque miasma which now enveloped him, the man went mad and was carted off to the local asylum. Could a guilty conscience have made itself plainer?

During my own infrequent moments of paranoia, I have wondered whether child sexual abuse was not an invention of social workers to prove their indispensability to the welfare of society. I discovered how unworthy a thought this was when I visited a department of social services three days ago. While waiting, and having exhausted the deeply condescending posters on the wall of great blacks in history, produced by the Racism Awareness Unit's Education and Development Bureau, I turned to the internal telephone directory. Here are the positions held by the first twenty-five of the eighty people on the list:

Child Care Planning Manager,
Supplies Manager,
Secretary to Assistant Director of Quality Assurance,
Secretary to Service Development Section,
Quality Assurance Manager,
Information Systems Support Assistant,
Customer Services Manager (Quality Assurance),
Operational Support Manager,
Service Development Manager,
Secretary to Resources Development Manager,
Quality Assurance Research Manager,
Research Officer (p.m. only and not Thursdays),
Information Systems and Technology Manager,

Secretary to Assistant Director of Personnel,
Principal Planning Manager,
Computer Information Systems Organiser,
Senior Personnel Manager,
Secretary Quality Assurance Section,
Secretary (part-time) to Quality Assurance Manager,
Administration Manager,
Administrative Support Officer,
Principal Service Development Manager,
Secretary to Assistant Director Family Social Services,
Secretary to Operational Support Manager,
Assistant Director of Quality Assurance.

I realised at once, of course, that Social Services need no amuse
gueule like the sexual abuse of children to occupy their time. Indeed,
they require no external reality at all. They live in a truly solipsistic
world of awareness and sensitivity groups, mutual support meetings
and courses on the changing role of social services in a multicultural
environment. The wonder is that they can spare a few moments from
their busy schedules to drive my patients mad.

IN THOSE DAYS I WAS A LIBERAL

I REMEMBER READING some years ago a book by Hans Eysenck, the prolific psychologist, in which he suggested that criminality was hereditary, like haemophilia. In those days, before I had the compassion squeezed out of me by daily contact with human folly, I was a liberal, so Eysenck's book infuriated me. Nowadays, I think he may have been half-right after all: if criminality is not hereditary, at the least it is congenital.

I arrived at the prison one afternoon last week at the same time as the visitors. I don't know what they do to their relatives and friends, but by God they frighten me. The women look physically and spiritually squashed, while the men have tattoos on their necks and knuckles, and regard the world with a kind of malevolent jauntiness. And the fact that one knows they've had a hard life, that – in the words of a social worker I know who is given to euphemistic neologisms – they have been 'differently advantaged', wouldn't help one much if one should happen on them down an alleyway in the dark (not, of course, that one will).

I was given a message as soon as I reached prison hospital.

'Will you go down the Seg., sir, ASAP. There's a Dirty Protest going on.'

A rapist who went a bit too far and strangled his victim was in solitary confinement for having called a warder 'a Welsh git'. Seized

by the injustice of his treatment, the rapist smashed up the cell and covered himself and the walls with his own excrement (this is what is known as a 'Dirty Protest'). Now he was demanding to see a doctor, that is to say, me.

The ambience in the Seg. had been made worse, if anything, by the liberal application of Home Office ozone-friendly lavender-scented air freshener. The warders were tramping around in bright pink space suits with gloves, helmets and galoshes, the whole outfit specially designed for Dirty Protests.

'I want you to give me a check-up, doctor,' said the faeces-covered man.

'I'm afraid there's no scientific evidence', I said, 'that periodic check-ups are of any benefit to health.'

'This isn't a real prison,' murmured one of the warders bitterly.

'What's the difference?' I asked.

'In a real prison,' he said, 'they would've got a hose and pinned him against the wall until he'd had enough. He'd soon stop all this shit.'

I returned to the comparative sanity of the prison hospital. There, I admitted the repeated organiser of a paedophile ring. For several years, his sciatica had precluded any physical activity except buggery. Now he had cancer and within three months he would be dead (one tends to forget that recidivists are mortal).

Not being well-versed in the ways of prison, I asked one of the nurses how we dealt with dying prisoners.

'There are two possibilities, sir,' he said. 'He can be released on a special licence, providing you can assure the Home Office he's not fit

for anything except dying. Or you can send him to the local general hospital.'

'Can't we look after him here?' I asked.

'Not advisable, sir,' said the nurse.

'Why not?' I asked.

'Well, sir, when a prisoner dies on the in, the paperwork's terrible. It goes on for months, it does.'

WE ARE LEARNED MEN, WITH HALF-MOON SPECTACLES

ONE OF THE hospital managers gave us a lecture last week on the forthcoming reforms of the Health Service.

We've been through reforms before, of course: they're like the epidemics of Asiatic cholera that swept through Europe every ten years or so during the first half of the nineteenth century, terrorising the population. The problem with cholera is that it doesn't leave you immune from the next attack – just like reforms, in fact.

In the past, the reorganisations of the Health Service have in practice been less than fundamental, adding two or three layers to the bureaucracy and giving new titles to old employees. The principal effect in our hospital of one of these reorganisations, as far as I recall, was the appointment of an Auxiliary Services Manager (Laundry), after which my ward suffered a severe shortage of sheets and a huge, indeed overwhelming, surplus of X-ray gowns. But we were assured that the present reforms were altogether more far-reaching in scope.

I must admit that the manager did a good job of explaining what he called the 'philosophy' behind the proposals. They will involve a complete 'culture change', he said: the rigours of market competition will replace the cosy monopoly in medical care that has existed heretofore. At this point, the manager soared effortlessly upwards into the poetic realm of analogy. The relationship between those who

held the purse-strings in the brave new Health Service and those who actually provided the medical care would be like the relationship between Marks and Spencer and the manufacturers of their underwear. According to the manager, the Government had been much impressed by the efficiency of Marks and Spencer when drawing up its reforms of the Health Service, and had used the company as a model.

‘What,’ interjected a doctor in the audience, ‘about our sandwiches?’

Could we now look forward to sandwiches of a quality to match Marks and Spencer’s at our clinical conferences? Everyone was agreed that if the reforms could do that, there might be something to be said for them after all.

The analogy between doctors and manufacturers of underwear did not please everyone, however. It is not that we doctors have anything against such manufacturers, but we think of our profession in rather more elevated terms. We are learned men, with half-moon spectacles. Besides, we don’t want the public complaining about what we do in the way that, presumably, they complain about underwear. Another of the lamentable ideas behind reforms is that doctors should be accountable for what they do (though not to the public, only to accountants).

Speaking for myself, I don’t want anyone breathing down my neck, examining whether my patients stay more days than necessary in hospital, fail to get better, are prescribed too many drugs, have to wait too long for an appointment etc. I want to be a free agent, to throw tantrums when I feel like it, to bury my mistakes in silence. If I were a Californian, I might say that I want to be me.

What's the point of all those years of study and toadying to senior doctors one couldn't abide if, at the end of it all, one still has a boss?

HE HAD NEVER DONE NOTHING SERIOUS

IS THERE HONOUR among thieves? I am not sure; neither am I sure it would be a good thing if there were.

There is undoubtedly a code of conduct among prisoners, though whether honour has anything to do with it, I rather doubt; and grassing up is to this code what genocide is to the Universal Declaration of Human Rights. But what about honour *within* thieves? Do they have any?

Last week, I was consulted in prison about a small medical matter by a young British criminal. His charming, almost innocent smile was belied by the words 'Fuck Off' which he had tattooed in small blue letters on his left cheek, and which I should have photographed for my forthcoming book, *The Tattoos of England*, had I had my camera with me.

We discussed his criminal record, which was of impressive length for one so young. He admitted that in what he called his 'yoof' he had been something of a tearaway, though he had never done nothing serious, like, only stolen cars.

'Yes,' he said, 'it was so exciting. I couldn't keep my hands off them. I used to take thirty or forty cars a week.'

I think I must have looked appalled, because he quickly pleaded mitigation.

‘I wasn’t like some people,’ he said. ‘I never damaged cars for the sake of it. I never did hand-brake turns at ninety miles an hour, or made the police chase me. I never did much damage to them. I drove them as if they was my own.’

He imitated steering a car, and looked up in an imaginary rear-view mirror.

‘Why did you take them?’ I asked.

‘I just couldn’t stop myself, doctor,’ he said. ‘I had this urge, like.’

How long, I thought, before the American Psychiatric Association calls the condition kleptautomobilia?

‘If I wanted to go somewhere, I just took a car and when it ran out of petrol, I’d park it quietly at the side of the road and take another one.’ (God forbid that he should buy some petrol – the thought never even occurred to him.) ‘But I never took no cars with a disabled sticker.’

There spoke the social conscience of modern England. I asked what he would think if he owned a car and it were stolen by some young tyke who wanted to go to the seaside for the day.

‘I’d blow his fucking legs off,’ he replied.

It was fortunate for him, I remarked, that the British criminal justice system operated on different principles.

‘But I’m not into cars no more, doctor. I’m into burgling.’

He was an ethical burglar, however: he never made a mess or deliberately defecated on the carpet, like some of his friends; he just took what he wanted and left. He wouldn’t steal from a child’s room, nor did he burgle pensioners’ houses, and once, when he realised his victims were not prosperous, he left the house empty-handed.

‘I only steal from well-off people,’ he said.

'Like me,' I said, and I explained that this was not a view with which he could expect me to sympathise deeply.

My next patient in the prison was also a burglar. He had a terrible phobia of flies, such that if he broke into a house and there was a fly in the room, he had to flee.

Reader, I did not treat him. And I shall never swat another fly.

HE TOOK MY ADVICE AT ONCE

PRISON IS A foreign country: they do things differently there. Thus, a sterile area in prison is not, as in hospital, an area free of germs, but an area free of prisoners. I need hardly add that the achievement of asepsis in the penitentiary sense requires precautions as elaborate, in their own way, as those required for asepsis in the medical sense.

Prisoners, of course, are human, only more so. Last week, the first patient in my clinic was a man whom I had seen on the out while he was on bail for a serious crime. He had come to me in the hope that I might declare him unfit to plead, thus postponing indefinitely the evil day of reckoning in court, but I saw no reason to do so in his case. Secretly, I was rather pleased, because he was repulsive and malignant.

‘But I never done what they said I done, doctor,’ he protested.

‘That’s not for me to say, I’m afraid,’ I replied. ‘And whether you did it or not has nothing to do with your fitness to plead. As far as I can tell, you are perfectly well able to challenge jurors, follow the evidence and instruct counsel.’

‘But I can’t even remember nothing about the day when they said I done it.’

‘Then you’re not in a very strong position to deny the charges,’ I said. ‘I’m not a lawyer, but I advise you to change tack.’

'I'm not feeling well,' he said, taking my advice at once and changing tack. 'It's done my head in, all this. I don't know where I am now.'

'Out-patients,' I reminded him.

Needless to say, he wasn't delighted to see me on the in.

'You're the one what got me in here,' he said.

'I had nothing to do with it,' I replied firmly. 'I didn't commit the crime, I didn't give evidence in court, I didn't find you guilty and I didn't sentence you.'

'All I wanted was help and you did my head in.'

'There was nothing wrong with you.'

'Well, I'll do my bird – I can 'andle it, bird's never been no problem for me – and then I'll get you.'

I was not in the least worried by his threat, not because it was idle or insincere at the moment it was uttered, but because, by the end of his bird, he will have transferred his affections elsewhere and forgotten all about me.

'Would you like to repeat that in front of an officer?' I said.

'No, I fucking wouldn't,' he said, and stormed out.

Next came a prisoner who was to be released the following day. Prisoners are weighed before they leave the custody of Her Majesty, to prove that they have put on weight, or at least have not lost it, since they were received into her tender hospitality. After this simulacrum of a boxing weigh-in, the doctor customarily asks them whether they are fit (medically speaking) to face the outside world. I haven't known one yet who considered himself unfit.

Next day, however, I met the former prisoner on my ward in the hospital. He had taken an overdose overnight – not a serious or life-

threatening one – and he was therefore ready for discharge from hospital by the time I saw him there. To prove himself unfit, he went to the ward lavatory and cut one of his wrists slightly.

‘Discharge him, sister,’ I said.

‘But I might cut my wrists again,’ he said.

‘You might,’ I said.

‘Fucking wanker,’ he said, and stormed out.

HAVE NOTHING TO DO WITH DEATH

DEATH IS A terrible thing, of course, and I advise most of my readers to have nothing whatever to do with it. I am glad to report that nearly all my patients take my advice in this respect, though very occasionally they choose to disregard it. They have only themselves to blame for the consequences.

Last week, one of my patients, a very young man of impulsive character, died suddenly in circumstances which the coroner found suspicious. I was requested, therefore, to attend his post mortem at the central mortuary, an establishment I had not previously visited.

The social atmosphere in this temple of death can best be described as lugubriously festive. I passed first through the body storage room, which looked rather like a large left-luggage department in a station, or a safe-deposit vault in a bank. We entered the changing room, on whose notice-board was pinned a photograph of two mortuary attendants, a man and woman, dressed in bodily fluid-proof aprons and wellington boots, kissing across an unoccupied dissection table. The caption read 'Me and my gal'.

The pathologist questioned me closely: when had I last seen the patient alive, what medicine was he taking, that kind of thing. In the background hovered a police inspector wearing one of those cheap suits which look so flashy in the dummy in the shop window, so crumpled after five minutes' wear.

The pathologist had a stoop: years of bending over corpses, I suppose.

We went into the post-mortem room itself: two corpses almost covered by sheets (one with hair exposed, the other with feet) and my patient, cold and stiff and naked.

‘So this is what it all comes to!’ I thought to myself, and all manner of banal philosophical reflections came flooding into my mind.

I had not been to a post mortem for a long time, and had almost forgotten those characteristic post-mortem sounds, the removal of the scalp from the skull by tearing, for example. Raised above us slightly was a gallery with a glass rail, against which was pressed – as a hungry urchin’s nose against a restaurant window – the paunch of another police inspector. I looked at his face and knew that I should not care to be a criminal (or a suspect, for that matter) who fell into his hands.

A lot of jokes are told at post mortems, and there is a kind of bonhomie which wards off darker thoughts. A photographer in a gown, a very pretty young woman, snapped anatomical features pointed out by the pathologist. One of the policemen said, ‘It’s amazing what some people will do to get into a photograph.’

No cause of death was found. There was disappointment all round: we should have to wait now for the toxicology results. There’s no doubt that finding a cause lessens everyone’s anxiety, even that of small children. In the hospital corridor I recently overheard a four-year-old boy being told by his parents that his grandmother had died. ‘Was she shot or stabbed?’ he asked.

A RETIRED ADMIRAL FROM THE ENVIRONS OF WINCHESTER

THOSE WHO REGRET their youth plainly forget what it was actually like: all those hormones swirling about in the blood, until one couldn't distinguish one's Weltschmerz from one's lust. Youth is disgusting, and that's all there is to it.

Only the other day, an aspiring young intellectual friend of mine asked me whether I read a certain glossy magazine which was read by some horrifying percentage of under-twenty-fives.

'Certainly not,' I replied testily.

'Aren't you interested in the Youth Culture, then?' he asked.

'As far as I'm concerned,' I said loftily, 'youth and culture are entirely antithetical.'

I never thought that I, a member (admittedly reluctant) of the 1968 generation, would sound so soon, or so much, like a retired admiral from the environs of Winchester. Before I am fifty, I shall be denying that earth orbits the sun, or that it is round.

Some of my patients, alas, are youths. Sooner or later, they all seem to take an overdose. They lie in their beds, pouting and challenging one to find out why they did it. Was it because Mama asked them to reduce the volume of their odious music centre, perhaps, or was it because Jason abandoned them for Tracy?

'You tell me, you're supposed to be the doctor,' is a common response.

And this from people who say they can't stand authority, which is why they truanted from school. Little bastards!

One day last week there were two of them. I asked them (separately, of course) why they had done it, and despite very different levels of intelligence and education, they replied with identical words: 'Life, the world, everything.'

'You couldn't be a little more specific, could you?' I asked them both.

My experience leads me to suppose that the great majority of despair is not caused by the perennially unsatisfactory state of the world, or by philosophical dissatisfaction with the constitution of the universe, but by the small change of daily life, such as the failure of a boyfriend to phone at the appointed hour or by the demand of a parent that a child be home by three in the morning.

The first of the youths expressed the desire – if she survived her overdose, which was very likely, since she took it in the presence of several of her friends – to work with dolphins and whales. Failing that, she wanted to be a nursery nurse.

The second youth was a student of sociology; she was also the Sexual Discrimination Awareness Officer of the students' union. Why had she decided to end it all, when there was so much that remained to be done to make the earth just? It seemed she had quarrelled with her flatmate over the role of the intelligentsia in late capitalist society.

'He called me bourgeois,' she said.

'But that's a compliment,' I said.

'He said all students are bourgeois. And he called me a liberal.'

'The swine!' I muttered.

'I had to move out.'

Thank heavens for middle age! My next patient was of maturer years.

‘The trouble with doctors,’ he said as he sat down, ‘is that they don’t understand psychological people like me.’

ALWAYS INTERESTED IN SMALL INTELLECTUAL PUZZLES

ALL THINGS CONSIDERED, it is surprising how many people still believe that organisations such as the Health Service and Social Services exist to bring comfort to the suffering. This, as Dr Johnson might have remarked had he lived in our enlightened times, represents another triumph of hope over experience.

One morning last week, for example, I had a patient who enquired of me about a delicate point of family law. Who better to answer it, I thought, than a hospital social worker? But when I phoned the social work department I was told by the receptionist that all the social workers were in a meeting.

‘Well, get one out of the meeting,’ I said.

‘I can’t do that,’ she replied, startled by the originality of the idea.

‘Why ever not?’

‘We never get them out of meetings,’ she said. ‘It’s never done.’

‘Is what you are proposing, then, that I send my patient away, and ask her to come back another day, simply because a social worker won’t walk ten yards to the phone and answer a question for thirty seconds?’

I think something in my tone of voice must have indicated to her that my wrath was more to be feared than that of a social worker, and she duly interrupted the meeting, with no dire consequences, as far as I am aware, to the welfare of any member of the public.

As for the hospital itself, it is so deeply engaged in its Expenditure Maximisation Programme (EMP) that it hardly has time any more for patients. For example, two of our ward blocks, less than architecturally distinguished I admit, but serviceable nonetheless, were recently extensively redecorated and refurbished. This unaccustomed expenditure on hitherto neglected buildings could only presage demolition, as anyone who has worked in the National Health Service will acknowledge: and so it transpired. No sooner – give or take a month – had the painters and the plumbers departed than the bulldozers moved in. This is a phenomenon I have seen several times in the course of my career: refurbishment as a prelude to extinction. Once it happened to an entire hospital in which I worked.

It is, of course, a great comfort to know that all the activity, of the decorators and demolishers alike, counts towards the gross domestic product.

Last week also, I was walking down one of our corridors reflecting on the important if neglected question as to why in National Health hospitals trolleys make such a terrible noise in the corridors while in the private hospitals they don't make any noise at all, when I noticed several large barrows of the kind children in the early nineteenth century used to push in coalmines. The barrows were piled high with the hospital records of thousands of patients. Being of mildly inquisitive disposition, and always interested in small intellectual puzzles, I asked a passing porter why the patients' notes were thus heaped outside my office.

'Medical records,' he said, 'are moving upstairs into medical illustration.'

‘And where is medical illustration moving to?’

In the light of the principles of hospital management outlined above, I shall award no prizes to those who correctly guess the porter’s reply.

THE REAL HIM WOULDN'T ROB A POST OFFICE

EVERY TIME I park outside that vast repository of human wickedness, the prison, I notice with mild interest the crunch of shattered glass underfoot, the debris of car windows recently smashed by thieves. When the sun shines, the shards of glass sparkle prettily, like diamonds, as far as the eye can make out the kerb.

In the prison I saw a young robber on his fourth sentence who complained that he couldn't sleep at night. His conscience, perhaps? Not a bit of it: the prison was too far for his girlfriend and nipper to come to visit him, and he was depressed. He hadn't seen them for two weeks and he lay awake at night thinking of them.

'It's a shame you didn't think of that before you committed your crime,' I said sententiously.

'It wasn't me, doctor, it was the drugs.'

The real him wouldn't have dreamt of robbing a post office, but alas, the light of the real him had remained hidden under a bushel of amphetamines for nearly a decade.

It emerged in the course of our conversation that in addition to the girlfriend and nipper who couldn't visit him because of the distance, he had three other girlfriends and nippers who couldn't visit him because of a disinclination to do so.

‘Has it ever occurred to you that to father children without being able to care for them is not necessarily a good thing?’ I asked.

‘It’s not me, doctor, it’s their mothers what won’t let me see them. They say I’m a bad influence.’

‘However did they get that impression?’ I asked.

‘I don’t know.’

The worst of it was that he really didn’t. Then he thought for a while.

‘It must be the drugs, I suppose. They done it.’

‘Done what?’

‘Made me like this.’

‘Isn’t anything your fault?’

He shook his head. He couldn’t think of anything: a model existence, in fact, apart from circumstance.

Having assured this saintly man a good night’s sleep by prescribing some odious brown liquid for him (pills can be spat out later and accumulated for an overdose), I left the prison, only to discover that one of the windows of my car had joined the sparkling glass on the pavement. The perpetrators had then entered my car and rifled through the contents in the vain hope of finding the removable facade of my compact disc player, without which the rest was useless. They declined to steal a thick textbook of forensic psychiatry, sent me for review, worth £125. And what, had they stolen it, would they have read therein about car theft, the nearest crime in the index to that which they had committed?

Imprisonment is a frequent disposal for recidivist young car thieves and it may not be totally ineffective: it will certainly prevent offending during detention.

I am sure this would have struck them with the force of revelation, had they but read it. But they would have been more inclined to agree with the following:

Better, perhaps, to attend specifically to the interests and aspirations of young car thieves.

In short, to reward them for their nefarious activities. My car has been broken into three times in the last twelve months, at a cost to me of approximately £1,000, and what I want is not prevention or deterrence, but revenge. I shall never prescribe a sleeping draught for a thief again.

WHAT THE DOCTOR'S REALLY TRYING TO SAY

WHEN I TOLD a lady in the ward that I knew she drank heavily just by looking at her from the end of the bed, she was stunned.

'Is it as obvious as all that?' she asked.

'I'm afraid it is,' I said. And I could have pointed to the patient in the next bed as a drinker, too. She, alas, had taken an overdose of painkillers – her fifth such – not to kill herself, but to protest at the refusal of her social worker to visit her after she told him (while drunk) that she was feeling depressed.

'I didn't have no one to talk to,' she said. 'So I took the tablets.'

She was the unmarried mother of nine children. Four had been adopted away at birth, while three were in children's homes. Two, aged three years and eighteen months, lived in her seventeenth-floor council flat. The father of her latest child was 'a good father, like, he comes once a month to see the baby, though he don't talk to me.' His financial contribution to the upkeep of his child was, of course, nil.

She was depressed mainly about pressure on her from the council to take back the three children in children's homes.

'But they don't know what they're like,' she said. 'I can tell them not to do something, but they do it all the same. They behave terrible.'

Two of them, aged nine and ten respectively, were already sniffing glue, and last weekend both of them were found dead drunk.

‘How can they expect me to look after them?’ she asked.

In the afternoon I went to the prison. The first prisoner was on remand and demanded to know why he did things like burglary, because he’d had enough of prison, he didn’t need prison, it was doing his head in.

‘Can you be a little more specific about the things you do?’ I asked.

He’d got drunk and then been caught while burgling a house.

‘I want to know why I done it, doctor.’

‘I expect it was because you were drunk and thought it was a good idea,’ I said.

‘But there must be some uvver reason, doctor, why I keep doing these things,’ he said. ‘Because it really hurts my family, and I had a good job, £300 a week take home, and now I’ve lost it.’

‘You want me to tell you that you do these things because at the age of six your mother didn’t kiss you enough?’

‘That’s just it, doctor. She was a very good mother, very loving, like.’

‘All right, you do these things because at the age of six your mother kissed you too much.’

‘But there’s got to be a reason, doctor.’

‘What you’re really saying to me is this: when you have found the single piece of buried treasure in my psyche that explains my behaviour, I will automatically stop breaking into people’s houses; but if you don’t find out what it is, which is your job as a doctor, then,

when I break into people's houses and steal their videos, it is really your fault and not mine.'

'But there must be a reason, doctor.'

'Furthermore, when I have found the alleged explanation, how are we to know it is the real one, and not a false one? What is the criterion of truth for such an explanation?'

One of the prison officers stepped forward and brought this interesting philosophical dialogue to an end.

'What the doctor's really trying to say to you, son, is, Do your bird.

I TAUGHT HIM TO RECITE THE OATH

WHY CAN'T THE English learn their children how to speak? Only last week I was consulted by an eighteen-year-old man of normal though not brilliant intelligence who had undergone eleven years of compulsory attendance at school (education would be too strong a word for it), at the end of which he was completely unable to read or write. As for arithmetic, it was a closed book to him.

'What is nine times six?' I asked.

A minute of thought and a furrowed brow produced no answer.

'What is three times seven, then?' I asked.

After a lengthy trawl through the deepest recesses of his mind, he eventually came up with an answer: 'Eighteen.'

This suggested at least a subconscious acquaintance with the three times table, insufficient though it undoubtedly was to be of any practical use to him.

I enquired into the methods which had been employed to teach him when he was a young boy. For example, had anyone ever sat him down at a row of desks with other children and taught him his letters?

'No, they never learnt you nothink like that.'

Instead, he and his peers sat around in little groups, which the teachers visited from time to time. But had they not noticed that he was failing to progress?

‘Yes. For a time I had special lessons.’

These lessons were soon abandoned. He went back to the normal class, where a friend of his did much of his work for him, and somehow managed to fool the teachers.

‘What about your parents?’

‘My mother thought I was all right because the teachers didn’t say nothink.’

On leaving school, he managed to find a job as an unskilled labourer, but after a month he was sacked because he couldn’t read an instruction. He had remained unemployed since.

He was worried now because he was about to appear in court as a witness in a case involving some of his friends who did not know that he was illiterate and would be humiliatingly unable to read the oath. He feared their derision afterwards. I taught him to recite the oath by heart.

‘How have you been able to disguise the fact that you cannot read from them?’ I then asked.

Reading, it seemed, did not play a large part in their lives: probably they were the kind of people I meet every day who stumble over big, difficult words like ‘thorough’ (and it is small differences in attainment which excite the cruellest mockery).

‘If they show me a birthday card,’ he said, ‘I know it’s supposed to be funny, so I laugh.’

I asked him about his future. He didn’t know, he took each day as it came. His mother was growing angry with him because he brought no money into the house, but he couldn’t claim social security because he couldn’t fill in the forms. ‘They make you fill them out in front of them.’

‘What about learning to read?’ I asked. ‘It’s not too late.’

‘No,’ he said firmly – he was afraid of being shown up in front of others.

Nevertheless, I phoned the Adult Education Department on his behalf. Alone of all the officials with whom I have to deal, the remedial teachers are genuinely compassionate and eager to help. I explained that my patient was too shy to attend a class, at least initially.

‘That’s all right,’ said the woman teacher. ‘I’ll come to his home. We’ve got many just like him.’

MY SCHEME TO IMPROVE BRITISH MANNERS

IN THE GOOD old days, social problems were swept under the carpet, where they belong. But now the Government, believing it possible to organise the health service in a rational way, has uncovered by its arrogant bumbling what every doctor has known for a very long time but has never dared to say in public: that old people do not, and cannot, get all the treatment which might be of benefit to them. If they were to get such treatment, practically all other economic activity would have to cease.

Rationing, of course, is best kept invisible, as it was when doctors decided unilaterally who would have what. But now that it is out in the open, with published waiting-lists, medical audit, etc., the way is open for yet further groups of enragés to press their claims, which, being unfulfillable, will keep the nation in a permanent state of outraged and embittered effervescence.

It used to be possible to tell old folk that they couldn't have physiotherapy because it wouldn't do them any good, and they would probably have believed it; now they know perfectly well that the real reason they can't have it is because the middle classes are losing only 40 per cent of their income in taxes. But even if they were to pay 100 per cent of their incomes in taxes, as not a few in our envy-ridden country would wish, the genie of health-care rationing is now out of the bottle and cannot be returned to it. A sound principle

upon which rationing may be based must now be found, whether we like it or not.

All hitherto existing principles have been found wanting. To use age as a basis for rationing is unacceptable: can anyone help being the age they are? Is it not also to play into the hands of a pressure group in the making, the anti-ageists? It would be far more just to use a criterion over which the individual exercised some control. The one which springs immediately to the mind of anyone who has had prolonged contact with the British public is mannerliness. Far from discriminating against the elderly, it would work in their favour, for two reasons: first, there is a natural tendency for most people to moderate their unpleasantness as they get older, and, second, there has been a continuous deterioration in the British character over the last fifty years.

If the unmannerly are denied treatment, millions – perhaps even billions – could be saved annually. Who knows, perhaps such a scheme would even improve the manners of the British in the long run?

Of course, even if my scheme were implemented, the rich would still be permitted to buy the best care available. A few weeks ago, for example, I met a ninety-year-old lady who was no longer able to look after herself, but would consider going only to the best of the local nursing homes, which charged £35,000 per year. It wouldn't accept her without some indication from her bank as to how long she would be able to keep the payments up. The bank wrote back:

On the best assumptions we can make about future interest rates, Mrs B- should be able to pay for residence in your nursing home for about the next 200 years.

HE CAUGHT SYPHILIS WHEN TORPEDOED

IF POLITICAL HISTORY is nothing but a tale of crime and folly, what are we to make of medical history? Whenever I read it, I stand amazed that so many intelligent men (I'm talking about doctors, of course) could have believed such manifest absurdities for so long. Reading of the treatment meted out to Louis XIV, Charles II or even George III in the name of therapy is enough to make one's flesh creep. Error and prejudice swayed men's minds for centuries, supported by nothing more than authority.

How fortunate are we who live in an age of reason, when the true causes of disease are known, at least to some of us. When an epidemic strikes, no longer do we see processions of flagellants or penitents bearing miracle-working icons parading through the streets of our cities and accusing Jews of poisoning the wells: on the contrary, we leave everything to the Public Health Laboratory.

It always comes as something of a shock, then, when people display an almost Galenic ignorance of the workings of the body.

Last week, for example, I met a man, not otherwise ill-informed or ill-educated, who thought that beer, being watery and yellowish, passed directly into the bladder with which, presumably, he thought the gullet was in direct communication. His surprise at learning otherwise was quite unfeigned, and he went away a much-chastened man.

The patient who followed him was an elderly lady with a minor skin complaint. It is always a good idea for the doctor to have a rounded picture of the patient's life, so I asked her something about her husband. 'Well, doctor,' she said, 'he caught syphilis when his ship was torpedoed in the war, and then it went dormant. When he was made redundant, it woke up again and he's never been the same since.'

I was intrigued by the connection in her mind between the sinking of her husband's ship and syphilis, but I thought that my curiosity should be contained. In this case, better illusion than scientific knowledge.

Prison is another place where one often hears peculiar physiological theories. A man accused of murder consulted me in prison during the same week about a problem with his feet. Having sorted it out, I asked him what he had done to be accused of so heinous a crime.

'The police say I killed her,' he said angrily. 'They're talking rubbish. They don't know what they're talking about. They're just trying to set me up.'

'What did you actually do?' I asked.

'I scratched her throat with a knife.'

My next patient was a man accused of attempted murder.

'Are you going guilty or not guilty?' I asked him.

'Not guilty,' he said. 'I never done it.'

'But you must have done something,' I said.

'I hit my friend with a poker,' he replied.

'Once?' I asked.

'Three times,' he said. 'He's just come out of hospital.'

‘I hope you don’t mind me asking,’ I remarked after a brief pause.
‘But if you weren’t trying to kill him, what were you trying to do?’

COOKING THEIR GOOSE

FROM TIME TO time I am called to testify in court, and I must say it gives me a great deal of pleasure to cook the goose of some of my more obnoxious patients. It is some small revenge for all the abuse they have heaped upon me – and others – over the years.

Last week I appeared in the central magistrates' court, a magnificent Victorian gothic building with one of the Ten Commandments - 'Thou shalt not bear false witness against thy neighbour' – emerging from a gargoyle's mouth. One wouldn't have to have been Sherlock Holmes to pick out most of the miscreants as they waited in the entrance hall for their cases to be called. If the Great Detective were alive today, he would write his monograph not on the varieties of cigar ash, but on the pattern of tattoos on the necks of law-breakers.

My case was listed for ten o'clock, but in the time-honoured tradition of the law's delay I was still waiting at half past midday. However, the tableau which unfolded before me was not without interest, and on one or two occasions touched on matters medical.

Behind me sat two police officers, drinking men I should imagine from the fine lattice of blood vessels on their cheeks and the profile of their abdomens. They viewed the proceedings with unfeigned cynicism.

‘It’s a real eye-opener, ain’t it?’ one of them said to me, as the first case – an application for the binding-over of an habitual wife-beater to keep the peace – was adjourned because of what the clerk of the court described as ‘a shortage of solicitors, and a shortage of papers’. This, I must say, did not correspond to my first impression of the court, where both papers and solicitors. seemed more like a seventh and eighth plague of Egypt than in short supply.

There followed a succession of what may be called Standard British Burglars. The SBB looks on the world with a mixture of stupidity, malevolence and self-righteousness, as though relieving people of their hard-earned property were to right a wrong.

The first SBB of the day had escaped from a Youth Custody Centre and had re-offended while on the run.

The second was so surprised when the ‘matter was withdrawn’ (one could see from his eyes that he was guilty) that his mouth fell open.

‘He can’t believe his luck,’ one of the policemen behind me said.

The third looked like a rapist-in-training. He would co-operate neither to sit nor to stand before the magistrate when told to do so, and generally oozed defiance. When remanded in custody, he looked round the court and wouldn’t leave the dock.

‘He needs helping along,’ said one of the policemen.

‘He’s got an attitude problem,’ answered the other.

Then came Flaherty, a middle-aged drunk in a state of some dishevelment, more pathetic than malevolent. His solicitor addressed the court to explain why Flaherty had failed to appear the week before on a charge of being drunk and disorderly.

'He was in hospital to be dried out, madam,' he said to the chief magistrate. Then came a description of all his medical conditions. He needed an operation on his leg, he was taking antibiotics for his chest, his back was bad, he had angina, he had an itchy rash.

'Twenty pounds or a day in prison,' said the magistrate.

Flaherty chose prison. He also addressed the court tearfully. 'I don't want to drink, madam, I know it's no good to me, I want to give up, my wife's a very good woman and she's had enough.'

It was rather touching.

'He'll be back on the beer tomorrow evening,' murmured one of the policemen behind me. 'Come to think of it,' he added after a pause, 'so will we.'

HE DIDN'T WANT TO PAY FOR IT

SOMETIMES I WISH that I was not supposed to love humanity: the strain is simply too great. It would be less, of course, if humanity reciprocated in some measure, or met me halfway, but it doesn't. On the contrary, the more one strives to love humanity, the more advantage it takes of one.

I arrived on the ward at the beginning of last week to discover the first ten beds occupied by people who had taken overdoses. I don't deny that they were unhappy: I complain only that they didn't keep their unhappiness decently to themselves. Why involve doctors? Is there no fortitude left?

Four of the patients were alcoholics, and two were hallucinating. One saw snakes with teeth coming towards him while the other thought that the nurses were leopards. He attempted to jump through the window to escape them, but the glass was unbreakable, installed after a prisoner with appendicitis had evaded the two prison warders deputed to guard him by jumping through the window while they watched the Test match on the ward television.

I asked one of the overdosers why he had done it.

'I don't like the heat, doctor,' he replied. 'It got to me, like, so I took the tablets.'

A thousand pounds' worth of medical treatment ensued: it made me proud to be a taxpayer.

After finishing in the ward, I went to the prison.

I was talking to one of my medical colleagues there, lamenting the decline, if not the actual fall, of civilisation since our respective childhoods, when an officer burst in and confirmed our worst suspicions.

‘Smith’s just been slashed up, sir,’ he said.

‘Was it a razor-blade and toothbrush job?’ asked my colleague wearily.

‘No, sir,’ said the officer. ‘A knife job. On the neck, sir.’

The weapon was unusual and of some interest. ‘Slashing up’ is generally performed in prison with a blade carefully extracted from a Home Office-issue disposable razor and attached to a Home Office-issue toothbrush handle.

From where did the assailant obtain his knife? Unfortunately, the victim (a survivor of many attacks, to judge from the scars present on his shaved scalp) was not prepared to talk.

I was in the prison to prepare a report on a man remanded in custody for a serious offence. His solicitor had wondered whether there was a medical explanation for his client’s misconduct. The examination was to have been performed at the expense of Legal Aid, but just as I was about to begin my examination. I received a breathless telephone call from the solicitor.

‘Don’t examine him, doctor,’ he said. ‘I’ve discovered that he has means, and therefore he’s not entitled to Legal Aid after all. He’ll have to pay for everything.’

I told the remanded prisoner, who up till now had been pleasant and amenable, that he was not entitled to Legal Aid because he was

deemed to have sufficient means to pay for a lawyer himself. I asked him whether he wished nevertheless to retain his lawyer's services.

'No, I fucking don't,' he said. 'Not if I have to fucking pay for it. Fucking parasite he is.'

'And do you want to pay for this examination?' I asked.

He looked at me with all the considerable malevolence at his command. 'You can fuck off 'n' all,' he replied.

SOMEWHAT GRANDIOSE IDEAS

ONE EVENING LAST week, as I was lying in bed reading about the rise of religious persecution in the eleventh and twelfth centuries (I have always had difficulty distinguishing my Cathars from my Bogomils), the telephone rang.

'It's the prison, sir. I'll just put you through to the nurse in the hospital.'

'Do you know L-, doctor?' she asked.

'I certainly do,' I replied. L- was not alone in being an ethical thief, in his own estimation, because he had never harmed anybody, only entered their houses and taken their things. He was a bit like a mediaeval heretic, except that he rejected the possession by others, rather than by himself, of worldly goods.

'He claims to have broken a razor blade in two and swallowed the pieces.'

'Oh,' I groaned. 'Why?'

'The usual, I expect,' replied the nurse.

Evidently, L- was next to her, because I heard her ask, 'Feeling a little down, were we?'

I didn't hear his reply, but the nurse relayed it to me. 'He says he was feeling a little down, doctor.'

People swallow all kinds of things, of course, to alleviate their existential crises. You don't have to be intelligent, articulate or

educated to have an existential crisis.

That same day I had spoken at length to a young man who had truanted from school because of the allure of the vapours of glue. From thence he had graduated to amphetamines, cocaine, ecstasy, magic mushrooms and LSD. When he took these drugs, he said, he thought he gained a special insight into the nature of reality. He spoke as a mystic.

Unfortunately, the reality which the drugs revealed to him was highly unpleasant. His hallucinations were frightening. Once he had tried to kill himself because of them. It seemed that everything in the world had been created just for his displeasure, and that if he killed himself, he would take the whole evil world with him. These were somewhat grandiose ideas for a man living on social security in a flat on the eleventh floor of a tower block (or indeed for anyone) to entertain, but I refrained from saying so. Instead, I suggested that he stopped taking drugs.

‘My life is shit,’ he said in response.

‘Your life is no good,’ I said, ‘because it has no purpose or direction. You don’t know what it is to work towards a goal, or to have an interest.’

‘But when I take drugs, I seem to understand, everything is clear.’

‘An illusion,’ I cried.

‘I just don’t like the feeling what comes with it, that’s all. It’s hard to explain the experience while you’re not having it.’

‘If you tried to explain it while you were having it, you’d think you were speaking profundities, but actually you’d be talking rubbish. Give up drugs: you’ll achieve nothing that way.’

‘But my life don’t mean anything to me.’

‘That’s because you take drugs.’

He looked at me and asked, ‘What am I to do?’

I thought of the end of Chekhov’s *A Dreary Story*. Katya tells the distinguished but dying professor of medicine, Nikolay Stepanovitch, that she cannot go on living like this, and asks him in desperation what she should do. He suggests lunch.

I, on the other hand, suggest an out-patient appointment.

‘EXCUSE ME,’ I SAID TO THE MURDERER

O CRIME! What liberties are committed in thy name!

Prison is, of course, by far the safest place to be for a law-abiding citizen like myself. At least I am protected there from the activities of criminals by prison officers built like bomb shelters. Whenever I see the relatives of the prisoners lining up at the gate to visit, I realise by what a slender thread I hang on to my wallet, my house remains unburgled or my car unvandalised. There is no one to protect me outside of prison. Why, even the three-year-olds already look like hardened and determined criminals. They learn their psychopathy young round here, on their father’s knee – quite literally.

Last week, I was listening to a murderer’s tale of woe – ‘and the next thing I knew, doctor, she was on the floor and I was begging her to get up’ – when a prison officer entered the room flushed and out of breath.

‘Can you come down the visits, doctor?’ he asked. ‘There’s a sick child there.’

‘Excuse me,’ I said to the murderer, just as he was coming to his explanation of how his wife got on to the floor in the first place. ‘I’ll be back in a minute.’

Grabbing a stethoscope and one or two other instruments, I rushed across the yard, patrolled by Alsations, to the large room in which prisoners sat at tables across which they spoke to their

visitors, desperately trying to cram as many words as possible into a few minutes. One prisoner, however, was sitting on a single chair, surrounded by worried looking officers and with a nine-month-old baby on his lap. The prisoner was huge, his offspring tiny.

‘Sorry to bother you, doctor,’ said one of the officers. ‘But the mother was visiting Smith when she ran out and left him holding the baby.’

The baby was sweet, with big bright brown eyes and a little gurgling smile. But the officers were more frightened of its nappies than of a prison riot.

‘I don’t need a fucking doctor,’ said the father. ‘I need the fucking welfare officer.’

I returned with relief to my nice polite murderer.

‘As I was saying, doctor, me and my missis was having a few rows, like...’

In the next room I could hear two women officers discussing the recent shocking events in another establishment (as the staff call prison).

‘The inmates held her up in the kitchen and grabbed her gold chain,’ said one, describing how a woman officer had been mugged by prisoners.

‘It’s getting as bad as the streets,’ said the other.

Well, not quite. Sometimes prison depresses me – or does my head in, in prison parlance – so I went later that day to a bookshop in the city, to reassure myself that a better and more cultured, civilised world existed. But as I walked towards the shop, about six security guards rushed past me, nearly knocking me over, in pursuit of a thief. He fled into a ladies’ wear shop and wouldn’t come out. The

security guards waited for him outside, anticipating with pleasure his inevitable, though possibly violent, capture.

‘See you on the in,’ I thought as I continued on my way.

The first shelves in the bookshop were dedicated to True Crime.

SHE ASKED HIM NOT TO STRANGLE HER IN FRONT OF THE CHILDREN

HUMAN FOLLY IS without beginning or end, thank God, else what should we who are stricken with graphomania have to write about? Perfection, like Switzerland, is all very well in its way, but it is rather boring as a subject for prose.

Luckily for me, there is no shortage of folly in my small corner of the universe. Whenever I think I have finally plumbed its depths, a patient obligingly steps forth to renew my faith in man's infinite faculty.

Last week, a young woman was admitted to my ward complaining of severe abdominal pain for which, after extensive investigation, there was no adequate explanation. There was nothing for it but to talk to her, a step which we doctors were naturally most reluctant to take.

She was only nineteen, but she had two children, both by the same father, Wayne. He, of course, was the psychopath in the ointment. He beat her regularly, although – as she was quick to point out in his defence – not so badly that she had ever required hospital treatment afterwards. The longest he had gone without hitting her was two months. She was bright and articulate, the efforts of our educational system notwithstanding, and well-mannered also, though her earliest memories were of her brutal stepfather attacking

her drunken mother with a knife. She never drank herself, but she recognised at once the similarity between herself and her mother, and her stepfather and her boyfriend.

‘He can be very nice sometimes,’ she added, with a dying fall.

‘When he’s not hitting you,’ I said.

‘Yes,’ she replied. ‘It sounds silly, doesn’t it?’

She loved him even as she feared and hated him. His temper was ungovernable, and sometimes he would drag her by the hair from the nearby shop, if he thought she had been away from home too long. (In my area this is considered normal behaviour.) His violence was now so persistent that she had had enough; she wanted to leave him but dared not do so for fear of his vengeance.

‘He’s tried to strangle me twice. My daughter screamed while he was doing it.’

‘And what did you say afterwards?’ I enquired.

‘I asked him not to strangle me in front of the children.’

I explained the implications of what she had said and added that there were very few pure victims in the world. She told me then of the secret diary she kept, with a record of all Wayne’s assaults on her. It was written in a secret code of her own devising, which would be easy enough to crack. She kept it under the floorboards so that Wayne should not find it.

‘Why do you write it?’ I asked.

‘So that when Wayne murders me the police will be able to tell that it was him.’

Later that very day I received a call from a solicitor about another of my patients.

‘I thought you ought to be aware, doctor,’ said the solicitor, ‘that your patient Mrs B- has just made a will in which she leaves everything to her husband providing he doesn’t murder her, but everything to her nephews and nieces if, as she says is more than likely, he does.’

THE MINISTER WOULD NOT STOOP SO LOW

THE MINISTER CAME to open the new extension to our ward last week. I arrived too late at the ceremony, thank goodness, to hear the nauseatingly self-congratulatory speeches, and also to witness the Minister unveiling the little plaque to commemorate the unveiling of the little plaque by the Minister.

The Chairman of the Health Authority, a retired local businessman of ruddy complexion, looked as though he were going to ascend directly to heaven – which he will soon, if he doesn't modify some of his habits.

It was very hot in the ward, and not just because of the large crowd of people who buzzed round the Minister like wasps round a jam jar. The television arc-lights were there, giving out a steamy greenhouse heat. Men with video cameras, doggedly trailed by sound-recordists, wandered about the ward, capturing the historic moment for posterity. Eminent physicians and men of science tried simultaneously to look nonchalant about being on television and to wave to their wives at home. The patients, some of whom had arrived in the ward that same afternoon, looked distinctly bemused by it all.

Of course, the Minister would not have stooped as low as to derive political advantage from the occasion, oh dear no. It was just that, like any normal person confronted by suffering, he tried to bring

a little comfort. That the television cameras and photographers from the local newspapers happened to be there was, well, a fortunate coincidence.

The Minister selected a patient, a man who had swallowed a large dose of weed killer the week before, and started to speak to him. The photographers suggested that the pictures would be more effective if the patient were sat in a chair beside his bed, and so the patient, connected by a hundred tubes, was manoeuvred laboriously into the chair by the nurses, who otherwise had only walk-on parts. The Minister resumed his chat with the patient who the week before had wished so urgently to die, to the repeated click and flash of the cameras. The patient had never expected, when he took his Weedol, that it would make him famous, and he began to think there might be something to live for after all. He appeared to enjoy his few minutes of fame and glory.

It was a big day, too, for the consultants, who were decked out in their best suits. A minister, even a junior one in a government nearly as suicidal as the weedkiller patient, was still a minister for all that, and doctors recognise power and importance when they see them. And it was a useful opportunity to gauge one's standing in the hospital by the order in which one was called forth to receive the ministerial handshake. It was like the good old days in Russia, when the rise and fall of ministers was measurable only by their proximity to the vozhd atop the mummified Lenin's tomb.

As long as the cameras rolled, the Minister did not suffer from compassion fatigue. After the weedkiller patient, he had words of comfort for the nineteen-year-old girl with slashed wrists and two illegitimate children (by different fathers, naturally).

'It's enough to make you cynical, isn't it?' whispered one of my colleagues, referring to the ministerial performance.

'But I'm already cynical,' I replied.

THE ETERNAL STRUGGLE BETWEEN DOCTOR AND PATIENT

IN THE ETERNAL struggle between doctor and patient, I told a medical student last week, the patient always has the upper hand. This is because, while the doctor is constrained by a code of behaviour, the patient is not: he can use any means he likes to bring about his desired end.

These profound reflections were occasioned by a patient who had not worked for many years and evinced a grim determination never to do so again, as long as he lived. The medical student had asked, as I signed yet another sick note testifying to the patient's supposed illness, how one distinguishes inability to work from unwillingness to do so – a good question.

The distinction, I replied, can only be made in the case of the self-employed, when it is obvious. In conditions of social security, unwillingness and inability shade imperceptibly into one another. If I refused to sign the sick note, the patient would almost certainly do something which would indisputably make him sick. A doctor has to learn to accept blackmail, I said, with a good grace.

'They tell me I should pull myself together,' the patient had said. 'But I'm not a pair of curtains.'

This 'thing', which pressed down on him, he said, like a heavy rock, had started early in his life. He was a nervous child, and even now he was afraid of dogs.

‘Every time I see a dog, I remember the dog what bit me in the bum when I was six,’ he said, ‘and I start to tremble.’

He was a delicate flower in those days, too.

‘I was never allowed to box like the other kids because of trouble in the earholes. They said it would make it worse.’

Being of small stature, he was easy prey, and had remained so ever since.

‘I was even bullied by one of my best friends, he did it crafty, like. He would come up to me when no one was looking and thump me.’

In later life, his relations with his wife had taken a turn for the worse, and he had resorted to an overdose.

‘I took some tablets what the doctor had give me, and he’s never got over it. When I came out of hospital and I went to see him, he had me like a lion in a cage. He was walking round the surgery. “You took all them tablets,” he said, “and I’m never going to prescribe no more tablets for you.” And he never has.’

No one had ever liked the patient.

‘But I like company,’ he said. ‘I’m only human.’

Even when he tried to find out how and why a neighbour or a relative had died – ‘friendly, like’ – no one would tell him anything.

‘People die, and they won’t tell me nothing. The body-snatchers, I call it.’

His wife had proved that he had been effectively doomed from the day of his birth.

‘How?’ I asked.

‘She’s interested in numerology. She’s got a proper book about it by a bloke called Count Cheerio. She’s added the numbers of my birthday, and it comes out to an unlucky number, just like I bet yours

comes out to a lucky one. It's scientific: numerology's a proper science, like astrology.'

'And medicine,' I murmured.

AS FREQUENTLY OUT OF HIS HEAD AS IN

THE COURSE OF true love never did run smooth, but the going has been especially rough round here of late. Sometimes I wonder whether it is all worth it – sex, I mean – and whether it really wouldn't be better if we reproduced like that old favourite of school biology classes, the hydra. It would save an awful lot of time and trouble.

Take last Thursday, for example. A young Muslim girl attended outpatients not because there was anything wrong with her, but because coming to the hospital was the only way she could make an assignation with the boyfriend she was not supposed to have. Each time we try to discharge her from the clinic, she begs us not to: but on this occasion her family had grown suspicious of her frequent attendance, and had sent her brother, who looked like an ayatollah of the Rushdie fatwa school, with her.

In order to deceive him, we had to keep the patient – if that is what she was – in a room for over an hour, for on previous occasions her visits to the hospital had always taken at least that long. If the family found out about the boyfriend, they would lock her up, force her on to a plane to Pakistan and there marry her at gunpoint to a brutal villager – if she were lucky. If not – well, then it might be murder.

I'm sure the young man in question wasn't worth it – he never is.

And talking of young men, that very Thursday an example of the species was brought to casualty by his step-grandmother, who had found him trying to electrocute himself in the bath. Earlier in the day, she had found him trying to plug himself into the light socket, and had decided enough was enough. Over to the medical profession.

He was dressed in those baggy jeans fashionable among joy-riders and young burglars; and his face bore the mark of Cain, namely the Indian-ink tattooed blue spot on the cheek, which proclaimed him a graduate of what used to be called Borstal.

He could see no point in continuing his existence (I am paraphrasing) because his 14-year-old girlfriend had thrown him over. Not only did she not wish to see him, she wished not to see him.

‘Why is that?’ I asked, smelling a rat.

‘When I’m out of my head, I hit her.’

Further questioning elicited the fact that he was as frequently out of as in his head, and that only the week before she had attended hospital with a broken cheekbone.

‘Can’t you phone her, doctor, and tell her how much I love her?’

Clearly, there was romance in the air that day, because a couple of hours later a man appeared with gashes in his left wrist. He had done it because his fiancée had thrown her engagement ring at him. They had had a quarrel at a bus-stop, and he had headbutted her. Apparently, her dress was ruined by the blood from her nose.

‘I can see her point of view,’ I said, as mildly as I could.

‘But it was only a one-off, doctor. I told her I’d never do it again, I love her too much for that.’

MY NEXT PATIENT HAD DISCOVERED RELATIVITY THEORY

THE ORIGINS OF science are lost in antiquity. Some argue that the forerunners of today's Nobel prize-winners were Mesopotamian necromancers; of this theory I am not qualified to speak. Suffice it to say that all of us in our daily lives put forward hypotheses which are falsifiable by observation – the very touchstone of science, according to the late Sir Karl Popper. Yes, we are all scientists in our own way.

Take, for example, the lady whom I saw last week who had developed a theory which was entirely falsifiable. She had given birth to her fourth child about five months previously.

'I was really proud, doctor,' she said, 'because I'd gone through pregnancy all on my own, without a man.'

She wasn't claiming virgin birth, of course; only that she had booted out the paternal parent of her forthcoming offspring as soon as she learnt that she was pregnant again.

He was the father of all her children, and she had ended her affair with him because he was very violent towards her. He had punched and strangled her in what I now know to be the usual marital fashion, and had tried to abort her first two children by kicking her in the stomach. After her common-law divorce, she had thrown herself and her children upon the cold mercy of the state.

'I hope you don't mind me asking,' I said, 'but why did you have four children by such a man?'

'You don't understand, do you, doctor?'

'No, I'm afraid I don't. I'm trying, but I still don't.'

'I loved him. He wasn't like that all the time.'

'Could a man be like that all the time?' I asked. 'Even the worst imaginable?'

'No, I suppose not.'

'After all, even Frederick West wasn't killing people all the time.'

'No, doctor.'

'Was he violent towards you straight away?'

'No, not straight away. Only after we started to live together.'

'But before you had your first child?'

'Yes.'

'But you still had children with him?'

'I thought he would change.'

And that was her grand hypothesis, refuted a thousand times since. Hypothesise in haste, falsify at leisure.

My next patient, as it happened, had discovered relativity theory. He had taken rat poison because of what he called 'the pressures'. The week before he had slashed his wrists. Next time, he said, it would be hanging – though he wanted to leave hospital as soon as possible because United were playing at home that evening.

'What pressures?' I asked.

'I lost my job last week.'

'Why?' I asked.

'Time-keeping.'

'You mean, not time-keeping?'

'Well, yeah. Then there's my wife.'

'What's wrong?'

‘She’s about to drop.’

‘Drop what?’

‘Drop a baby.’

‘Drop a baby?’

‘Give birth, like. And we’ve already got two nippers.’

He had pub-crawler’s nose – somewhat out of true – and a scar on his forehead. I suspected that the police might be adding to the pressures.

‘Yeah, I got a case next week.’

‘What is it?’

‘ABH. I might go down.’

‘What happened?’

‘Well, this geezer was mouthing off and I got pissed off with him so I hit him. They say I broke his nose, but it wasn’t me, it was the pavement.’

The pavement came up to meet his nose in the same proportion as his nose went down to meet the pavement: that’s relativity theory for you.

EASILY LED TO THE STUDY OF MATHEMATICS

IT IS BY REFLECTION on the small phenomena of the universe that we are led insensibly to the profoundest truths. That is why the study of trivia is not itself trivial.

Consider the following question: why is it that when people say of themselves that they are easily led, they are always talking about drug-taking or burglary and never about art appreciation or the study of higher mathematics?

The question takes us straight to the innermost depths of the human heart. No one claims to be easily led to what is good for him, but only to what is bad. Some might argue that this is because only the bad is deemed to require an explanation, the good being self-explanatory, but such an answer could only be given by those fortunate enough to have had little contact with the human race.

No, the fact is that Man – especially the young of the species – flies to the bad like iron filings to a magnet. I see instances of this natural attraction every day.

A 13-year-old girl appeared in casualty last week complaining that there was a tape recorder and radio transmitter in her stomach. It is true that she had a remarkable amount of ironware inserted in her body: I have never seen so many rings in one ear or metal studs in the nostril of a nose.

The trouble with 13-year-olds nowadays is that they have been so well-fed that they are as big as adults; and a rebellious child's mind in an adult's body is a terrible thing. She replied to all my questions by alternately sulking and pouting. This gave me an idea: perhaps instead of beauty contests, which are no longer socially acceptable, there could be sulking and pouting competitions. My patient would have stood a good chance of honours in such a contest. Extracting answers from her was like getting Mr Gromyko to say yes.

I persisted, however. I used the method which has secured me small victories over bureaucracies the world over: I adopted a manner which finally persuaded her that it would be less trouble to answer me than not.

The tape recorder in her stomach was no ordinary tape recorder: it recorded her thoughts and played them back to her out loud. This was both frightening and boring.

The tape recorder lodged in her stomach was due to the ecstasy she took every weekend in one of the local clubs which are the El Dorados of impoverished young imaginations. She recovered completely after a couple of days in bed and small doses of tranquillisers.

I spoke to her again. She came from a completely normal background: she didn't know who her father was, she had two stepfathers whom she hated, the second of them only eight years older than her. Her mother was also young enough to be her sister, and they argued constantly over the time she should be in – not later than midnight, according to her martinet of a mother.

'Why do you take the ecstasy if it makes you feel so awful?' I asked.

‘I want to stay up all night. All the uvvers take it. I’m easily led, I suppose.’

I tested her reading ability: she could pronounce some of the words, but had no idea of their meanings. You can lead a girl to drugs, but you can’t make her learn.

I POINT NO FINGER, I BLAME NO ONE

DOCTORS ARE NOT immortal, and – less surprising still – neither are their relatives. And thus I found myself last week on the way to London, to visit an aged uncle of mine who had been taken ill and admitted into one of the great teaching hospitals there.

The train was full, and I was glad to get a seat – but not for long. The young lady next to whom I sat gave off the sound and smell of modern British culture: the tish-tish noise of what I suppose I must call a personal stereo, which resulted in a certain rhythmic titubation of her head, combined with the stench of a cheap hamburger, which she consumed with agonising slowness.

Surely, if passive smoking is bad for one, the passive consumption of junk food must be even worse. Can one be passively cholesterolled, I wonder? Here is something worthwhile for the Department of Health to spend millions of our money studying.

Still, I was prepared to give my fellow-passenger the benefit of the doubt, as she was reading a Teach Yourself book, while she destroyed her hearing and clogged up her arteries. We none of us start out perfect, and self-improvement is an admirable thing. I myself have used several Teach Yourself books in ephemeral attempts to learn the languages of countries I proposed to visit for a week or two. Then I noticed what it was that she was teaching herself: Successful Gambling.

I looked over her shoulder and caught a glimpse of a chapter summary:

Do not stake more than you can afford to lose.

I turned to look out of the window. Fortunately it was dark: most of Britain looks so much better in the dark, when you can't actually see it.

We reached London: too many people, mostly badly dressed, with vile expressions on their faces. Then I noticed a poster which offered a cheap excursion fare to Preston, and I felt reconciled to London: I should have thought any fare to Preston, however low, was extortionate.

The hospital was one of those horrible modern buildings done on the cheap. The only thing that could be said in its favour was that it was better than Addenbrookes, in Cambridge, with its giant crematorium chimney next to the entrance, pour encourager les autres, I suppose. I don't know anyone who goes to Addenbrookes without immediately thinking of Auschwitz. And then Addenbrookes has its wonderful system of levels, rather than floors, designed – I daresay – to prevent the Wehrmacht from ever finding the paediatric wards, there to commit its characteristic atrocities. You wouldn't have guessed that the hospital was built a quarter of a century after the conclusion of hostilities. Altogether a typical triumph of British architecture.

Well, I found the ward to which my uncle had been taken. I wanted to announce myself to the staff before approaching him, but this was easier said than done, for it took me five to ten minutes to find a member of staff to announce myself to. And when I found her, she was a bird of passage: a pleasant and well-meaning Australian nurse working a shift for an agency, to fund the next stage of her Grand Tour around the world. Age could not wither her, but for reasons rather different from those adumbrated by Enobarbus: out of her rather skimpy blue uniform emerged legs in black knitted leggings, and a green, American military-style T-shirt was clearly visible above the décolletage of the same blue uniform. It remains only to add that something resembling vegetable soup had clearly been strained through much of her uniform, though at some time in the past, since it had now dried.

I point no finger, I blame no one. I am a camera. I must therefore record that the ward was clean and pleasantly spacious. My uncle, a respiratory case, is approaching 90 years of age. He had slipped down the pillows and I said it would be better if he sat up. There was no one to help me to help him to do so.

HIS THOUGHT PROCESSES WERE DISTINCTLY UNUSUAL

THE LAST TIME they tried to break into my car, a week ago, it was parked sixty yards from a police station. As it was not round a corner, you could get a clear view of it from the desk sergeant's window. Luckily the thieves must have been interrupted in the course of what burglars call their 'work', for they managed only to get as far as removing the lock from the front passenger door. Of course, it will cost me some money and much inconvenience to repair, but matters could have been worse. I might, for example, have caught them in the act, shouted abuse at them and been charged with threatening behaviour.

I was at the police station examining a man in the cells who had made an unprovoked machete attack on a lady who was waiting on the pavement for a taxi. He had never seen her before. He aimed for her neck ('You're innocent,' he shouted immediately before he struck, 'so I'm going to cut off your head!') but fortunately he hit her only on the shoulder, and her injuries were not serious. Asked why he'd done it, he replied – rather like Caligula – "Because I wanted to see the blood run." It didn't take long to establish that his thought processes were distinctly unusual.

When I returned to my car and discovered the attempt to break in, I didn't bother to report it to the police: what would have been the

point? But the following day, I happened to meet one of the officers who had been on duty, and I mentioned it to him.

‘Ah,’ he said, ‘it must’ve been the Sneads at number forty-seven what did it.’

Number forty-seven is a hundred yards from the police station, and I suppose I must have been non-plussed by the policeman’s matter-of-fact tone. At any rate, my jaw went slack.

‘Yes,’ he continued. ‘It was probably them. Our cars are being broken into all the time.’

I laughed, but it was the laughter of desperation.

I tried to put myself in the position of the lady who was attacked at random with a machete: will she ever resume her normal life? If it happened to me, I think I should be inclined to withdraw from the world entirely.

On the same day, my excellent new secretary told me that her mother had just been attacked as she came out of a shop. She was set upon and beaten to the ground by a young man whom she had never seen before, who proceeded to kick her on the pavement of a busy street in broad daylight.

One man came to her aid, but thought better of it when his wife said, ‘Come away, it’s none of our business.’

When the assailant had exhausted himself, he walked – he did not run – away. He is still at liberty.

That same afternoon, I was consulted by a patient who had been set upon by five youths as he tried to withdraw money from a cash dispenser. The machine was out of order, but the assailants at least had the satisfaction of administering a good beating to him.

Two weeks previously my patient, who lives in a council flat, had asked neighbours to turn down the volume of their music. They replied to his request by breaking four of his ribs.

This is the way millions of us live now.

THE WHOLE MEANING OF LIFE

I WAS SITTING in my office during a hiatus between outpatient clinics last week, thinking in a desultory way about the Meaning of Existence. Alas, try as I might I could think of none, but perhaps this was because my train of thought was interrupted by the sound of the ward television drivelling through the walls.

An astrologer was reading Mr Blair's horoscope: Saturn was in the ascendant, the Moon was somewhere else entirely, it was all very exciting and unusual, and meant that... I rushed out and turned the television off. It seemed to me likely that the man in the bed nearest it, who had complained of invisible gerbils gnawing constantly at his legs, would not be much interested in Mr Blair's starry destiny. After all, when you are pursued by rodents, even the highest marginal rate of income tax must seem a matter of slight importance.

Most of my patients would agree in any case that life has no meaning. And even those who once thought otherwise are soon brought to the same conclusion.

An Indian shopkeeper consulted me because of a host of symptoms, which affected every part of his body – he even had a burning sensation in his hair. He had migrated to this country a third of a century ago and had worked hard in a factory to save enough money to buy his shop. His ambition had been to put his children through university, and this he had done; and then he wanted to

leave them a tidy sum, to ease their passage through life. But in the last few years he had been held up so many times in his shop at knife-point that he had sold it to the first bidder – to whom he passed the martyr's crown. The fact is that the shopkeepers in our area have as much chance of escaping unscathed as the early Christians in the arena.

The police had been most sympathetic and kind to him, of course, but had caught none of the culprits and had told him that in any case there were plenty more where those came from.

My patient woke up every night sweating; his heart pounded in his chest. His entire view of the world had changed, and now every stranger was an armed robber until proven otherwise. He had devoted his whole life to his business, and had not had the time to develop other interests; and now even the local park was closed to him since he was mugged there. It is a truth universally acknowledged that a small man in a suit and tie is asking to be robbed.

'When I came to this country, it was very nice,' he said. 'They delivered to your door, and no one was taking. Now it is a rubbish country.'

Anyway, back in my room I stopped contemplating the meaning of life, and turned my attention to a somewhat smaller, but more clearly defined question: why did I no longer have a wastepaper basket under my desk? Pilfering, perhaps? A management economy measure?

The ward smoke alarm went off in the midst of my reflections. I went to see what was happening: the alarm was being tested. It took three men to test it, one up a ladder, one with a clipboard at the base

of the ladder, and one – a Fire Prevention Engineer – to oversee operations.

And then, suddenly, the whole meaning of life became clear to me: so to arrange things that we survive until tomorrow.

A LITTLE LIGHT PIMPING

HOW ODD THE human race is, and getting odder by the hour. One might have supposed, for example, that the life of the British underclass is so deeply unattractive in all its aspects – financial, gastronomic, sartorial, musical, etc. – that almost every sentient being would do everything in its power to avoid such a miserable existence.

On the contrary: an increasing number of the children of Indian immigrants strive to join the back-to-front-baseball-hat-shaved-head-multiple-nose-ring-fuck-you culture, which is surely more primitive than anything seen on the Indian sub-continent since the extinction of the dinosaurs.

An Indian girl came to our hospital last week who had forsaken her education at the age of 14 for the joys of drinking in the local park. She soon expanded the range of her interests to include clubs, pubs, drugs and brawls. Her parents then tried to marry her to a respectable boy, but the family of her intended groom learnt of her habits, and called it off. When her family discovered that her younger sister was also going astray, they blamed her and threw her out of the house.

She fell at once into the clutches of a young black man, who tried to supplement his Income Support by a little light pimping. When she resisted him, he beat her; she slashed her wrists and was sewn up in

the hospital. What she needed, of course, was a strong, stable, loving relationship. On the ward, as it happens, there was just the man for her: he was on what is known as 'the sick' because of his drinking. And he had just swallowed bleach because he and his wife had broken up. Was there ever a better sign of true love and devotion?

'Why did you separate?' I asked.

'We had our ups and downs, like everybody else.'

'And what did the downs consist of?'

'The usual.'

'Any violence involved?'

'Not what you'd call violence, no.'

'What would you call it, then?'

'Well, I smacked her about a bit. Not all the time, like.'

'Did she ever have to go to hospital?' I asked.

'Good God, no,' he replied – perish the thought. 'Only the once.'

'What happened then?'

'Well, I thought she'd been talking to this bloke in the pub. I'm not normally violent, but I wanted to rip his fucking head off. I broke his nose and a few ribs. I wish I hadn't done it now. Anyway, I got hold of my wife and took her home after.'

'And then what happened?'

'Well, we was arguing, and I said she fancied him and she said she didn't, and I don't know what happened, I just grabbed her with my temper.'

'With your temper?'

'Yes, I admit I got a temper on me. I'm not violent any other time, though.'

‘And she left you after that?’

‘Yes. She called the police in and said she was afraid of me. I said if she was afraid of me, how come she’s stayed with me for eleven years? But the Bill said I had to go, and I ain’t seen her since, nor none of the children.’

‘How many?’

‘Seven.’

Yes, altogether a perfect match: he free of any encumbrances, she – the Indian girl striking out for freedom – searching for someone a little older and more experienced to guide her through life’s small difficulties. I wondered whether such a match could be arranged, but on second thoughts I realised there was no need. As I left the ward, I noticed that they had already found each other.

WHAT KIND OF LIFE *IS* WORTH LIVING?

IT GOES WITHOUT saying that the unexamined life is not worth living; but then again, neither is the minutely examined one. In actual fact, I am not quite certain what kind of life is worth living, but I am fairly confident that, if such a life exists at all, I have yet to encounter it round here.

When I speak of the minutely examined life I do not refer to the tendency of psychoanalysis to encourage members of the bored middle classes to measure the petty vicissitudes of their emotional life on the Richter scale; or of philosophers to polish without end their metaphysical glasses without ever taking the trouble to look through them. No such refined methods of wasting time and effort are practised within a radius of twenty miles of where I write; but that doesn't mean that only philosophers and analysts examine in tedious detail the conditions of their existence.

On the contrary, those whose lives are lived within the compass of the social security system are no less apt to ponder the minutiae of their quotidian being. I am thinking in particular of my patient, Mr X.

Mr X attends a Day Centre. This centre is the product of what may be called the Ping-pong Theory of the Good Life, which has held sway in this country throughout much of the century. According to this theory, the good life, at least where the lower orders are concerned, consists of a minimum income plus unlimited access to

ping-pong tables in concrete bunkers – designated ‘Community Centres’ – in the middle of vast housing estates.

One might have supposed that anyone caught up in this dreary world would at least have displayed solidarity with his fellow-unfortunates; but not a bit of it. Anyone who supposed such a thing would have shown himself profoundly ignorant of the true ghastliness of human nature.

Mr X is at present exercised to the point of obsession about a new rule which has just been decreed – God knows by whom, it is one of the characteristics of this world that one can never discover who is responsible for what – that henceforth only women will receive free haircuts, whereas it had been the custom from time immemorial, or at least from 1978, that men too could have their hair cut there free of charge.

Mr X, I hasten to add, has nothing against women; no, not even against his own wife.

‘After all,’ he said, explaining her negative reaction to the latest government budget which had left her £2.50 per week better off, ‘she’s got to pay for her cigarettes, so £2.50’s not a lot.’

It was the principle of the free haircut for women but not for men which upset him.

‘It’s discriminatative,’ he said, the outrage increasing the mobility in his mouth of his false teeth.

He went on to describe further instances of injustice at the Day Centre.

‘Not that I’m a tell-taler,’ he said. ‘But this chap just went to the toilet for a wet, so he didn’t bother to pull the chain, but he was told off and given a warning if he did it again he’d be out on his ear. But

this woman I know didn't even wash her hands after a mess, never mind just a wet.'

He assured me that the story was true, because he had heard it 'by mouth of word'.

He also assured me that he was not a misogynist in general.

'A woman,' he said, 'may give her body for sex, but on the other hand, doctor, she could be kind to children or animals.'

YOU KNOW WHAT FOOTBALL'S ALL ABOUT

IS MAN A MACHINE? Philosophers have argued over this for centuries, as philosophers will (it is their job, after all), but I have arrived at my own conclusion, which is the following: alas, no, Man is not a machine.

Machines – at least these days – are so much more polite than Man. They always say (or print) please and thank you, which is quite unlike Man. For example, the other day I was at a cash-dispensing machine, of the kind at which an alarmingly high proportion of my patients have been mugged by Man after withdrawing their cash, and as it counted out my money it asked me most obsequiously to wait. When finally it asked me please to take my money, I found myself saying 'Thank you' in reply.

Compare this civilised exchange with what was written in the medical notes of the first patient on one of my ward rounds last week. 'Only history available from patient,' the exhausted junior doctor had recorded: "Fuck off!"

Whenever I hear a young person saying that he or she would like to work with people, therefore, I feel like exclaiming, 'Don't waste your time, devote yourself to machines, at least they'll be grateful!'

The patient in question eventually came round, of course, and no longer confined himself to bisyllabic answers. But it emerged that his ill-mannered replies to the junior doctor's questions were not entirely

coincidental. As the ancient Romans said, In lysergic acid diethylamide veritas.

He was quite unrepentant. One might have supposed he had been kidnapped and brought to hospital against his will, instead of having been deposited in the emergency department like a sack of coals by his so-called friends. I wouldn't be surprised if he tried to sue us for assault.

In the course of our conversation, I asked whether he had ever been in trouble with the police.

'Yeah,' he said. 'But nothing serious.'

'What, for example?'

'Fighting.'

'In what circumstances?'

'Football matches. You've been to football matches, haven't you? You know what it's all about?'

'No, what is it all about?'

'Well, you watch the game and then you have a bit of a fight, like.'

Did he really think that I, a middle-aged doctor, spent my Saturday afternoons shouting for the Reds and then beating up those who had shouted for the Blues? I looked deep into his eyes: I think he did.

I soon discovered other instances of human discourtesy on the ward. A boy of 17 had cut his wrists because his parents had kicked him out and he had needed somewhere warm to stay for the night.

'Why did they kick you out?' I asked.

'I lost my job, and I couldn't pay my rent no more. They said if I couldn't pay my rent I'd have to go somewhere else.'

'And why did you lose your job?'

‘The boss told me to make a phone call, and I told him he could shove his phone up his arse.’

Then there was the daily crop of beatings: for example, a young Pakistani bride beaten up on her wedding night to establish the principle that obedience is the best policy.

My pager went off and asked me to ring another hospital.

‘Please hold the line while I connect you to the operator,’ said the machine. ‘We apologise for any delay, but will try to answer you as soon as possible.’

No, Man is definitely not a machine.

WHO SAID ANYTHING ABOUT ANAESTHETIC?

COMPARED WITH THE depravity by which our hospital is surrounded, all other depravity – the licentiousness of Sodom and Gomorrah, the decadence of Weimar Germany, the concupiscence of Tiberius Caesar – is but the decorum of Tunbridge Wells.

I was moved to these comparisons by the non-appearance at work one morning last week of one of our ward doctors. She had been mugged the day before in the hospital car park, and was badly shaken. She had gone to her car and had noticed a couple of youths peacefully removing a radio from another vehicle. Quick as a flash, they sized up the situation and, seeing that she was small and defenceless and carried a handbag and that there was no one around to witness anything that they might do, rushed over to her, threw her to the ground and grabbed her bag. They could finish off the radio job later.

This doctor has had a run of bad luck, as it happens. A couple of months ago, she turned the corner in a hospital corridor and slipped and fell on some vomitus recently deposited on the floor by a drunk. Apart from the sheer indignity of it and the repulsiveness of the experience, she had hurt her back and was badly bruised. And a few months before that she had been attacked as she parked her car near a restaurant, where the staff from the ward were having a dinner. As she stopped her car by the kerb, a brick was thrown

through the window, the door opened, and she was pulled out and thrown on to the ground, her necklace ripped off and her bag snatched.

She is a kindly, inoffensive person, and so it must have seemed to her as if the world had lost its natural order and was intent upon returning evil for good. Of course, there was no question of catching the culprits, or even of trying to do so.

Another of our doctors was robbed on her way to work last week: she pulled up in her car at some traffic lights, the passenger door was wrenched open and her handbag snatched. She managed to grab hold of it and a tussle ensued, which in the end she lost.

Not surprisingly, the ward staff sat in the office and discussed the problem of crime. Of the three nurses present, one had been mugged recently on the bus, and another's house had been burgled. She had left for work dressed, for once, in her uniform – normally she changed at the hospital. As luck had had it, there was a youth loitering outside her house, who saw her depart and made the most of the opportunity. Who says entrepreneurship does not flourish in England?

We all agreed that the situation – unlike the latest crime statistics – was not a joke. But what should be done about it? The ward sages agreed that there was no point in excessive leniency.

'We should be like Saudi,' said Sister. 'Just amputate their hands. They wouldn't do it again.'

'Waste of anaesthetic,' muttered another nurse.

'Who said anything about an anaesthetic?' asked Sister.

'Nurse, nurse!' The voice of an elderly patient penetrated into the ward office. 'Can I have a glass of water, please?'

‘Yes, of course, dear,’ said Sister. ‘Just coming.’

GOVERNMENT OF MORONS, BY MORONS, FOR MORONS

I AM ENTIRELY in favour of British fathers paying for the upkeep of their children. Someone has to pay for the little bastards (I speak both literally and metaphorically), and I can't see why it should be me, the taxpayer.

The trouble is that when the Government invents a bureaucracy such as the Child Support Agency to enforce retrospectively an otherwise excellent principle, things are bound to go wrong and the principle itself to fall into disrepute.

A patient of mine, whose wife had walked out on him a couple of years ago, tried to hang himself after receiving a letter from the CSA demanding £5,000 in arrears of maintenance. Payment was to be made within fourteen days. Furthermore, he was told that he was henceforth to pay £250 a month to the agency. The worst of it was that only a fraction of this money, decided upon unilaterally by the CSA, would actually be paid to his wife and children.

Since his net pay per month was slightly less than £800, these sums seemed excessive in any case. He had saved some money, about £1,000, to give to his ex-wife, he already paid for his children's clothes and holidays, and was about to come to an amicable agreement with her concerning regular maintenance.

However, the law no longer recognises such agreements where one of the parties draws some kind of social security benefit.

He tried for two days to telephone the agency, but received only a recorded message in reply that all lines were busy. Then he went to the offices of the agency, but was not admitted. Being a man of limited imagination, he then tried to hang himself.

I called the agency on his behalf. Of course, I did not use the number distributed to the public, but found another number direct to the local headquarters. I got through to a voice which I recognised at once, from experience, as being that of a British bureaucratic zombie, for whom work is a painful interruption of entertainment.

'How are you spelling that?' she asked, when I gave my patient's name. Since his name was as straightforward as Jones, I could only conclude that this was a delaying tactic and that she hoped I was in a public call-box and that my coins would run out before she was actually required to do anything. She also asked that I spell the words of his address, although each of them was equally straightforward.

'I'll try to put you through to the right office,' she said at last.

I was put through to another British bureaucratic zombie. I repeated my patient's name and address, and had to spell them once again.

I explained that he had tried to hang himself. His case was called up on the computer.

'Yes, he owes £5,000,' said the bureaucrat.

'That's rather a large sum for someone who earns £800 a month,' I said. 'It's most unlikely he would have it.'

'We don't expect him to pay it all at once.'

'Your letter says within fourteen days.'

'But it says that if he has any problems he should phone.'

‘He tried for two days but couldn’t get through.’

‘We’re very busy here.’

‘He tried to speak in person to someone in the office.’

‘The public’s not admitted.’

‘I think when you write such letters, you should make it clear that you do not expect payment immediately, in a lump sum.’

‘Yes, we’ve had a lot of feedback like that.’

A phrase started repeating itself in my head, like a tune you can’t get rid of: government of morons, by morons, for morons.

‘I think I should write to your superior, asking that your letters be more tactfully phrased,’ I said. ‘What is your superior’s title?’

‘The Customer Services Manager.’

That afternoon, I had a clinic in the prison. How long, I wonder, before prison governors are called Customer Services Managers? In many documents prisoners are already called clients.

PATIENTS ARE GETTING ABOVE THEMSELVES

THERE'S NOBODY QUITE like a patient for grasping the wrong end of any stick which is proffered him. Ever since the Government decided of its own accord to insinuate the so-called Patient's Charter through every letterbox in the land, patients have been getting above themselves. They imagine they are imbued with all manner of rights, and now attend hospital in a state of anticipatory grievance.

A man who thinks he has many rights knows neither gratitude nor contentment. If they are fulfilled – well, they are his rights. He has received only his due, and there is nothing to be grateful for. But, if they are unfulfilled, he conceives himself ill-used and goes into a sulk.

On Friday last, my gloomiest prognostications concerning the dangers of giving the English the impression that they had rights were utterly vindicated. Two patients turned up at my clinic, the first an hour and a half, and the second two hours, late.

'You've got to see me within a quarter of an hour of my arrival,' said the first. 'It's in the Patient's Charter.'

I have nothing but contempt for this fatuous document, the paltry attempt of politicians to deflect discontent from themselves, but even it does not say anything so silly.

'You are supposed to be seen within half an hour of your appointment,' I replied majestically, but, alas, this was a distinction

too subtle for his understanding.

The second late-comer was even wider of the mark.

‘You’ve got to see me now,’ he said, ‘because I missed my last appointment.’

A third patient wanted a prescription for which I thought there was no medical indication. I should perhaps explain that I am in favour of people being allowed to purchase whatever medication they choose, but that does not mean I should have to prescribe whatever they choose.

The patient left in a cloud of expletives, and fifteen minutes later I received a phone call from the local law centre whither he had repaired at once. The lawyer said he wanted to discuss his client’s prescription with me. I said he didn’t have one, so there wasn’t anything to discuss. I put the phone down most emphatically.

But it isn’t only in the invention of rights that the English now show ingenuity: it is also in the committal of wrongs. That same day, a patient aged 75 described to me how her sister had met an Australian during the war, married him and gone to live in Australia afterwards.

She decided last year to visit her for the first time in nearly half a century, and went to her building society to draw out £1,500 to pay for an air ticket. Alas, on the way to the travel agent someone managed to rifle her bag without her knowledge, and when she arrived at the agent’s, the money was gone.

‘The police told me that the thieves used a powerful magnet to draw back the zip. They said it was a lot of money, but I was lucky they didn’t hurt me.’

‘I hope it wasn’t all the money you had,’ I said.

‘Oh no,’ she replied. ‘I’ve still got an emergency fund: enough to pay for my funeral, like.’

HIS MATE'S RABBIT WAS EVEN WORSE

THE MORNING BEFORE my clinic in the prison last week, I was woken at three o'clock by the irruption into my dreams of the sound of my next-door neighbour's car alarm. By the time I reached my window to survey the scene, two masked young men had smashed one of its windows and had removed the car's radio, to the accompaniment of the owner's impotent cries from his bedroom of 'Stop that!' The police were later able to console him with the information that he was not alone in his loss: this was the fourth car from which the dynamic duo had removed a radio that night, and they were clearly tracing a path across the city.

A certain tiredness, and the awareness that there but for the grace of God went my car, left me more than usually ill-disposed towards common criminals – aka my patients – the following day.

The first of them was one of those snivelling drug-addicts who would rather break into a thousand homes than refrain from taking heroin.

'They've charged me with breaking and entering, and theft,' he said.

'Are you going guilty or not guilty?' I asked.

'Guilty on breaking and entering, not guilty on theft. They can't pin that one on me.'

He and a mate had broken into someone's house and taken a table. Realising that it was not worth the wood it was made of, they had dumped it in the garden and done a runner.

'So I'm not guilty.'

'But you would have taken the table if it had been worth anything?'

'Yeah, of course.'

As it happened, his mate was to be my next patient.

'He's got a worse rabbit than me,' said my first patient cryptically.

A worse rabbit? Did they breed these generally inoffensive creatures in their spare time, I wondered? But how nasty could rabbits be? Suddenly, his true meaning dawned on me: a worse habit.

Enter the young man with the worse rabbit. He was 20 years old and told me that he stole only to feed his rabbit. Generally – this case being an exception – he stole only from countesses and duchesses, like.

'They can afford it,' he said.

'That's hardly the point,' I said.

'They must be able to. If they can afford to have a chair worth £15,000, they can't miss it, can they?'

'Have you asked them?'

'No, of course not.'

'Then you're hardly in a position to say, are you?'

'They get their insurance,' he said.

'And where do you suppose the insurance money comes from?' I asked.

'I don't know,' he replied.

'People like me, who pay premiums,' I said.

‘But I wouldn’t steal from people like you.’

Another point in his favour, he said, was that he would take things only from the ground floor, thus avoiding giving the countesses and duchesses an unpleasant fright in their bedrooms.

So successful had he been as a burglar of antiques that he had been able not only to feed his rabbit with the proceeds, but to buy antiques of his own with which to furnish the flat where his devoted girlfriend lived with him.

‘How long do you think you’ll be sent down for this time?’ I asked.

‘Well, the judge’ll probably say I’m a professional.’

Up till now he had been only a juvenile.

‘But you are a professional,’ I said.

‘I suppose I am,’ he conceded. ‘That means I’ll get a three or a four.’

‘Well, then, your girlfriend’s going to bugger off with your antiques, isn’t she?’

His face dropped. ‘She better not,’ he said.

‘Why not? You can afford it.’

‘I’ll break her fucking legs.’

A WHIPPED-DOG EXPRESSION BRINGS OUT THE WORST IN ME

THERE WAS A crisis in the ward last weekend. Two patients who had previously evinced a desire to die by their own hands by taking an overdose were caught, *in flagrante delicto*, in that life-enhancing and (in the absence of appropriate precautions) life-creating activity which is popularly known as sexual intercourse.

This would not have mattered so much had they chosen the linen cupboard as the venue for their assignation rather than the staff toilet. This small space is to the staff what the Temple of the Tooth is to Ceylonese Buddhists; and if you knew our patients, you'd also know why.

The hospital carpenters were called at once and an extra lock installed. The miscreants had been apprehended because, so pressing had been their desire (once, that is, they had discovered that after all they weren't going to die), that they omitted to lock the door from the inside. Now one needs a key to get inside in the first place.

One of the disgraced patients was an alcoholic, known to me of old, who assumes in the face of a figure of authority a whipped-dog expression which brings out the worst in me.

'Why did you take your overdose?' I asked him.

'They gave me some pills in the pub,' he replied.

‘And did you have to take them?’ I asked, my voice like a drill.

The possibility of refusing to do so had not previously occurred to him. He remained silent.

‘Do you suppose,’ I continued, ‘that if someone were to come into my room and give me a handful of pills that I should take them?’

‘But you’re a doctor,’ he replied.

Obviously he believed that I belonged to a completely different and superior order of beings. I confess that the thought crossed my mind as well. If Aristotle were alive today, his natural slaves would be natural overdosers.

We turned to the question of alcohol. It wasn’t long since he’d been dried out in the same hospital bed as he occupied now. In the course of his last admission, he had seen carnivorous bats flying towards him, which he had tried to escape by running naked round the ward. He had returned to drinking immediately on discharge from hospital.

‘You see, I’m surrounded by alcohol, doctor,’ he said in a tone which implied there was a vast conspiracy outside hospital to prevent his sobriety.

‘So am I,’ I said.

‘But it’s completely different for you, you’re not an alcoholic.’

‘Now let’s get this straight,’ I said. ‘You’re an alcoholic because you’re surrounded by drink; whereas I’m not surrounded by drink because I’m not an alcoholic.’

‘That’s right,’ he said.

It was time for him to leave hospital, but he didn’t want to go.

‘You’ve got to stop me drinking first, doctor,’ he said.

‘How? By sending you to the Arabian desert?’

No; by finding out why he drank in the first place.

‘Let’s start with something simpler to answer. Why didn’t you keep your last out-patient appointment?’

‘I couldn’t. I had something to sort out with a woman.’

‘And you couldn’t have spared a couple of hours from the sorting-out to come to hospital? Or two minutes to phone to let us know you weren’t coming?’

‘No. I’m telling you, doctor, if I hadn’t gone to sort things .out with her, there would’ve been chaos, absolute chaos. You see, she’s having my baby.’

‘And what’s happened now?’

‘Oh, we’ve split up. She don’t want to see me no more, never again.’

THERE WAS MUCH JOKING IN THE CASUALTY DEPARTMENT

THE ENTIRE NATION has been plunged into deep, indeed inconsolable, mourning over the untimely demise of Frederick West. News of his death came as a shock, to me as to others, and naturally I began to ponder the big questions, as philosophers call them, such as whatever happened to Smith, to whom I was called out some time ago while I was on duty for the prison, who had eaten an entire fluorescent light tube in his cell, glass, metal, attachments and all?

It was lucky for Smith, I thought, that he was not in the ex-Soviet Union: there, in the good old days, he would have been charged with stealing socialist property.

I asked him why he'd done it. He was trying to kill himself, he said, before the prison food, which he thought was poisoned, could do so.

I phoned the surgeon at the nearest hospital.

'I've heard the food in there isn't very good,' he said.

There was much joking in the casualty department about light snacks.

It isn't only about prison suicide that the Government is concerned, of course. We doctors have been given the responsibility by the Department of Health of reducing the numbers of suicides in the nation as a whole by 15 per cent by the year 2000.

The way to achieve our goal is through the coroners' courts, of course. Some time ago a wealthy and successful man I knew swallowed 200 tablets and a bottle of rum. The coroner asked me whether I thought he might have taken them by accident. I was about to answer with a ringing and confident no, when the coroner made himself a little clearer: was there even a one in a million chance he had taken them by accident?

'Er, well, I suppose so,' I replied.

The coroner (and the man's family) relaxed, an open verdict was returned, the family was £750,000 the richer and an insurance company the poorer by an equivalent sum, at least until it put my premiums up.

But to return to suicide in prison. I'm not sure whether Judge Tumim's well-intentioned proposal that people at risk of suicide in jail should be placed under continuous observation would decrease the suicide rate there, but I think it would have a sizeable effect on the unemployment rate, given the frequency with which prisoners mention the possibility of doing away with themselves. Those who don't want to go on Rule 43 (which segregates them from the rest of the prisoners), but who – often quite understandably – don't want to go to the rest of the prison either, use the threat of suicide as a means to remain in the hospital wing.

Come to think of it, an elementary prerequisite of justice is that everyone should be treated alike. As we know, at least 100,000 people a year take overdoses in this country, and within a year 1,000 of them will have killed themselves: surely they – the 100,000 – deserve no less than continuous observation, or are we to conclude that they are second-class citizens by comparison with prisoners?

For continuous observation to be even minimally effective, two people at a time must carry it out: one is not sufficient. Since there would have to be three shifts of eight hours each, six observers per overdoser would have to be found, plus a further four to cover weekends, sickness and holidays. A million people would be thus employed. Truly, it is an ill wind which blows nobody any good.

MIDDLE-AGED MEN SINCE PLATO

MULTICULTURALISM, SOMEONE once remarked, is not couscous: it is the stoning of adulterers. Of course, there is more to it than that, as I hope soon to demonstrate. But the problem which really interests me is not multiculturalism, but what may justly be called *aculturalism*. It seems to be the triumph of our technological age to have raised a generation with no discernible culture whatever.

I am aware, of course, that this has been the complaint of middle-aged men since the time of Plato, if not earlier: it just so happens, however, that this time, as I myself enter middle age, it is true. How else can I interpret the inability of four-fifths of the 17-year-olds I come across to name three writers?

So if people have more than one culture, this represents a great advance, as far as I am concerned, on having none at all. Many of the minorities are rather good at absorbing British culture, better, in fact, than many of the natives. The problem with multiculturalism, in my experience, lies elsewhere.

I don't recall among the scores of my Indian patients a single one driven to despair by white racism, though they all know that it exists. On the other hand, there are many who bear the scars – in some cases quite literally – of the communal conflicts of the subcontinent.

Last week, for example, a young man of 17 fled to the hospital to escape his persecutors. The majority of people who do this are mad,

pursued as they think they are by the CIA, the Mafia, the KGB or MIS, but he was not: his life was truly in danger.

He was a Sikh, but a non-observing one who cut his hair and his beard. At school he had become friendly, in an innocent and platonic way (he assured me), with a Muslim girl. They were seen talking together on a few occasions by that great instrument of oppression and bigotry, the community. Some time later, the Muslim girl fled her home because her family were plotting a marriage and a life of domestic drudgery for her, to which she could not reconcile herself. The Sikh did not know her whereabouts.

Her family, ever mindful of their reputation in the community, sought a scapegoat on whom to blame her departure, and alighted on the Sikh.

‘They hate us and we hate them,’ said my patient, explaining the relations between Muslims and Sikhs.

One day, as he was walking along the street, four of the girl’s relatives jumped on him, held him down and slashed his face with a knife. He needed plastic surgery afterwards.

The police caught his assailants, but this was not the end of the matter. The community had approved so strongly of the action in defence of their family’s honour taken by the four men that it had given warning that further attacks on the young Sikh were to be expected. The laws of the land were as nothing compared with the laws of honour: and it was well worth spending a lifetime in jail to avenge the terrible wrong of a Sikh boy talking in public to a Muslim girl.

The boy left the city, but his parents still live in fear.

A LIFETIME IN THE ASYLUM WAS EXCESSIVE

SOMETIMES I FEEL I should like to become a hermit in the desert, to avoid all contact with humans. Even the honey and locusts might be an improvement on National Health Service sandwiches. Oh for a cave in which to contemplate the meaning of existence, instead of having to answer my radio-pager every four minutes and speak to relatives and teach students!

One of my patients last week felt exactly the same, though his circumstances were rather different from mine, as was his preferred means of escaping them. He wanted me to admit him for the rest of his days to a ward in the local lunatic asylum, through whose twilit corridors the hopelessly mad shuffle and gesticulate their lives away.

‘But you can look after yourself,’ I said to him.

‘No I can’t.’

‘You know how to boil an egg at least.’

‘So do them people. They don’t just sit and watch the telly, you know, they do the washing-up as well.’

‘But why on earth do you want to join them?’ I asked.

‘They don’t have no responsibilities or worries in life. I’d like to be one of them. I’d swap the house and everything I’ve got for life in the main block of the hospital. They don’t have to worry about the gas bill and the pipes bursting, and the stairs need repairing terrible.’

‘But you’ve got to have something wrong with you to be admitted to the hospital,’ I protested.

‘I suffer from convulsions and bad habits, doctor. It’s my mother’s fault, she never taught me to stick up for myself properly. And I suffer terrible from earache – it’s in the family, earache is.’

‘Earache is in the family,’ I repeated feebly.

‘Yes. And another thing: I’ve got a black spot in my eye. I’ve had it ever since I was born. You don’t think it could be serious, do you?’

‘No, not if you’ve had it all your life.’

‘I used to watch it go up and down the wall like a creepy-crawly. I was fascinated by it. I didn’t pay no attention to lessons at school because of it. I just used to watch it all the time and the teacher wouldn’t believe me when I told her what I was doing.’

‘But a black spot in your eye is not a reason to spend the rest of your life in a lunatic asylum.’

‘I’ve had nerves all my life, doctor. They wouldn’t take me in the army because of them. They examined me and said my nerves was like violin strings, and I could only go in the army in an emergency.’

‘But that was many years ago.’

‘I’m still nervous, doctor. I do things what I can’t control. For instance, I’ve had several affairs. The last one was worse than the others because she had a house and a car. And I had to have treatment to cure me of her.’

I told him that, nevertheless, I thought a lifetime in the asylum was excessive in his case, and that perhaps another outpatient appointment would do.

He reached the door of my room, and then turned to me.

‘There are three types of men who get stuck on an island, doctor. There’s them that make the best of it, there’s them that try to escape, and there’s them that give up. I’m one of them.’

To which island did he refer? Surely not to Great Britain?

I PLANNED A CLOAK AND DAGGER OPERATION

I AM NOT BY any means an Islamic scholar, and therefore cannot comment on what the verses in the Koran with regard to the treatment of women really mean: but I suspect that many Muslim men choose to interpret them in a way similar to that in which the late Robert Maxwell interpreted the duties of a trustee of a pension fund.

That, at any rate, is how it seems to me. Last week, two Muslim women were admitted to our ward having taken overdoses, the only way known to them of leaving their homes. Both had been married by arrangement in Pakistan, but their subsequent fates differed slightly.

The husband of the first had deserted her four months after the wedding, leaving her pregnant. She returned to England, where she fell in love with a man who was willing to accept her child as his own. Unfortunately, her husband arrived from Pakistan four years later and demanded his conjugal rights, backed up by a threat of suicide from her mother if she did not return to the errant husband.

She did return to him, he accused her of being a prostitute and he beat her accordingly. Several times she had attended the accident and emergency department of our hospital with cuts, bruises and dislocations; demurely, she lifted her scarf and showed me a bruise on her neck, where her husband had punched her a few days

before. She was not allowed out of the house for a moment without an escort of one of her brothers, and even then very infrequently. Her present imprisonment at home contrasted with her period of freedom during her husband's desertion of her and her cohabitation with her lover: and now she wanted to die.

I suggested divorce instead. But how, she asked, could she divorce her husband? Her letters were opened at home, and she was not allowed to use the telephone. I planned a cloak and dagger operation: she would come with her child as an outpatient to the hospital, where we would have a lawyer and a social worker waiting for them, and they would spirit her and her daughter away, perhaps to another city, while her ever-jealous and suspicious husband waited for her to emerge from the consultation. I would face his wrath alone.

As for the second patient, she had always wanted to be a lawyer, but her father had allowed her to go to school only one week in three (sufficient to keep the school inspectorate quiet, but not enough to take exams).

At the age of 17, she was married off to a man who wished to marry her as little as she wished to marry him. They returned from Pakistan to England, where they insisted on divorce, much to the disgust of her father, who believed that because of it the family name was ruined for ever.

'You're lucky we haven't killed you – yet,' said her father.

He'll wait to take her back to Pakistan, of course, before killing her. During the month she was there for her wedding, a 16-year-old girl in the same village was caught talking to a boy. Her father killed her with a meat cleaver and threw her body off the roof of his house

to make it look like an accident. My patient remembered the blood in the dusty street. The father was arrested briefly, but released thanks to public opinion and a bribe.

My patient awaited her murder, if not quite with equanimity, at least with dignity. She realised her overdose had been foolish.

THE ABYSS OF MODERN LIFE

WHEN I WALKED on to the ward one morning last week I surmised from the exhalations of stale alcohol which greeted me that I might have to endure an insult or two before the end of the day. One of the worst things about being a doctor is that you have to pretend that repulsively bad manners are a sign of suffering.

The insult wasn't long in coming. I approached the first bed, which contained a patient who, just before his arrival in hospital, had smashed up his common-law wife's flat.

'Good morning,' I said.

'Piss off, will you,' he replied, looking at me with such concentrated malevolence that even I, who am no stranger to the ways of human malice, was taken aback.

I recovered a little, and carefully wrote in the notes 'Piss off, will you,' so that whenever he attended our hospital in future, he could be assured of a frosty, hard-hearted reception.

'How are you feeling?' I continued, turning the other cheek.

'I'm telling you to piss off.'

The patient in the next bed was a truly terrifying specimen, a young man with bulging muscles and receding forehead, with 'Made in Britain' tattooed round his left nipple. This was a redundant piece of information, for on his biceps were tattooed unfurled Union flags, guarded by bulldogs, their snarls revealing rows of fangs. The man's

head was shaved, the bristly scalp punctuated with white scars from wounds inflicted by bottles, crowbars, etc.

He had been admitted to the hospital unconscious. Apparently, he had bought some methadone (the drug used in the treatment of opiate addiction) in a pub and swallowed rather too much of it.

‘How much did it cost?’ I asked him.

‘Five quid.’

‘Why did you buy it?’

‘How the fuck should I know? I was drunk, wasn’t I?’

I changed the subject. I had noticed a large scar across his neck.

‘How did you get that?’ I asked.

‘I cut my froat.’

‘Why?’

‘I don’t know. I’d had enough, I suppose.’

So had I. Truly I had glimpsed the abyss, the abyss of modern life. Poverty is not quite the word for it, conjuring up as it does images of children without food or shoes. Indeed, I thought my patient looked unhealthily healthy.

In the afternoon, I had an outpatient clinic. To raise money, the hospital management has now installed televisions in the waiting area, on which local services are advertised, including those of a faith healer who has succeeded (he says rather pointedly, considering the location) where many have failed.

The waiting patients watch the screen as a rabbit watches a stoat.

My first patient was a man whom I remembered as having been exceptionally truculent during his last appointment. My recollection proved correct: for my note about him on that occasion read ‘Fuck off’ and nothing else. I was relieved to discover that today he was in

a better mood. He had thought over his truculence, and had asked for another appointment.

He leant over my desk and looked at his notes, which were open upon it.

‘I never said that,’ he said.

“Yes, you did,’ I replied.

‘No, I never. I said, “Fuckin’ ’ell”.’

‘All right, then,’ I said, and I crossed out ‘Fuck off’. Pursing my lips, I replaced it carefully with ‘Fuckin’ ’ell’.

By all means let us be accurate.

I COULD SMELL HIS FEET IN MY MIND'S NOSE

A PATIENT CAME to me in a state of some agitation last week because Her Indoors (his name for his wife) had just left him, for no apparent reason.

‘Were you ever violent towards her?’ I asked.

‘No,’ he replied virtuously. ‘I’ve never even given her a smack in the face.’

Then was he ever violent towards anyone else? I asked only because the word ‘hate’ was tattooed in Indian ink on the knuckles of his right hand.

‘I don’t go looking for trouble, if that’s what you mean, but if trouble comes to me I know how to look after myself, like.’

And when was the last time it had been necessary to look after himself?

‘A week ago. This bloke was eyeballing me in the pub, so I hit him.’

‘And what happened then?’

‘They had to take his teeth out and put his skull back together.’

I saw from his past medical notes that he had taken several overdoses. Had he thought of doing so again because of his wife’s desertion?

‘Oh no,’ he said. ‘I’ve committed suicide three times, I wouldn’t want to commit suicide again.’

My next patient suffered from cold feet, both literally and metaphorically. He told me that he had hypothermia, especially of his extremities.

‘Would you like to see my feet, doctor?’

‘Not really,’ I replied – he was not altogether clean, and I could already smell his feet in my mind’s nose.

Too late! His shoes and socks were off, and he was pointing eagerly to the parts which often went numb with cold.

‘Rat poison works by hypothermia,’ he said, putting his socks back on. ‘Did you know that? I’ve often thought of taking rat poison. I think it would work with me.’

‘Why haven’t you?’ I asked.

‘Because I might come back as a worm or a fly,’ he replied. ‘Do you believe in reincarnation, doctor?’

‘Not really.’

‘You believe that when we die, that’s it, then?’

I feel uneasy to discuss religious or philosophical matters with my patients, so I remained silent.

‘What do you think about abduction by aliens?’

‘To tell you the truth, I don’t give it a lot of thought.’

‘They say that over a thousand people have been abducted by aliens.’

‘I have my doubts.’

‘Oh well.’ He prepared to go. ‘Can you recommend anything other than rat poison to kill me, doctor? Something painless.’

‘I’m afraid not.’

‘Pity. When can I come to see you again, then?’

I walked into the ward after he had gone. There were three attempted suicides in a row. The daughter of the first had accused him of raping her. ('I swear on the Holy Bible, doctor, I didn't do it, it's her mother what put her up to it, she wants me out of the house.')

The second took tablets in a police cell after he was arrested for having used his car as an offensive weapon, by driving it to squash an acquaintance who owed him £10 against a wall.

The third had slit open his stomach with a razor blade for the seventh time. ('I've just had enough, doctor, so why don't you go away and let me die?')

If only I could go away! Oh for an alien to abduct me to a higher, better, purer planet!

ALL THIS PAIN, AND YOU GIVE ME A PAINKILLER?

LAST WEEKEND IN the prison, a rapist was bitten on the chest by a murderer during a fight: a pity, I hear the feminists murmur, that the latter didn't have rabies. Personally, I was filled with admiration for the murderer's teeth, which somehow managed to get a purchase on the rapist's chest despite its complete absence of flesh.

There are fashions in prison fights, as in everything else. Not long ago it was for the ballpoint pen in the eye, but just now (thank goodness) it seems to be for the good old dependable, low-tech human bite. One of the prison officers was bitten on the same day by a prisoner suspected of harbouring cannabis in his mattress, who objected to the intrusive nature of the search carried out of his cell. Later, when he had calmed down a little, he ascribed his attempted mastication of the officer's finger to 'a misunderstanding'.

My first and only patient on the Saturday sick parade limped into my office. He had the scar of an old knife wound on his face.

'It's my knee, doctor' he said. 'I've had it for seven years.'

'I should think you've had it a lot longer than that,' I remarked.

'I mean the joint's loose,' he said, by way of clarification. 'I've been promised an operation in four months' time. But I've got pain all the time.'

'I'll give you a painkiller, then,' I said.

'I've got all this pain and you want to give me a painkiller?' he said, his facial scar turning livid with rage.

'Seems logical to me,' I said.

'Fuckin' 'ell. I want to see a proper doctor.'

'Are you saying that I'm not a proper doctor?'

'Yes.'

He had a point, of course. A proper doctor would have refused to have anything further to do with him.

Next day, though, he had become a little more reasonable and I agreed to see him again. The pain in his knee had evidently convinced him that painkillers might not be such a bad idea after all.

'What about this operation, then?' he asked, after I had written up his prescription. 'They keep promising it to me, and then they don't do it.'

'Why's that?' I asked.

'Because I keep coming in here. Every time they're going to operate, I get arrested and put inside.'

'You could try making this your last sentence,' I said.

'No, I couldn't,' he said firmly. 'It's my way of life.'

How many prisoners there are for whom prison is not home from home, but home tout court! The previous day I had met a vagrant alcoholic whose drinking had got too much even for him, and so he committed an act of criminal damage for once. I remarked on how pathetic his case was to an officer.

'Do you remember J-, sir?' he asked.

'Yes. A Geordie with a ferret tattooed round his navel.'

'That's him, sir. Well, he was released last week, and he was so upset he came back next day and smashed the glass door at the

entrance. He's back in now.'

No, there's no place like home.

YOU CAN ONLY BE MURDERED ONCE

LAST WEEK I went up to a young patient in the ward who was sobbing quietly to herself in her bed, and asked her what was wrong. She had taken too many tablets in an attempt to kill herself, but had been caught in the act by her sister who just happened to be popping in at the time.

And why, I asked, had she wanted to kill herself?

She had had a row with her boyfriend, with whom she had lived for four years, ever since she was 15½ years' old. He was nineteen years her senior, a divorcee, who accused her constantly of having an affair with another man. However much she denied it, he would not believe her.

This was a story all too familiar to me. It soon became clear that he was one of those insanely jealous men who allow their wives or lovers no freedom, who see evidence of their infidelity everywhere, and who consider everyone their rival. Such men are dangerous.

'Have you ever read Othello?' I asked.

'What's that?' she replied.

'A play by Shakespeare.'

'I'm not interested in Shakespeare.'

'A pity. Has your boyfriend ever hit you?'

'Yes, but not very hard. He's smashed up the flat a few times, though. And he says that if he finds out who I'm seeing, he'll kill him.'

But I'm not seeing nobody.'

'All the same, one day he could be very dangerous to you. And he's never going to change. After all, he's been like this ever since you've known him, and I'm sure he was like it with his former wife.'

'But he's never really injured me.'

'You can only be murdered once.'

'Most of the time he's very nice.'

'Murder doesn't take long.'

'I've been all right so far.'

'If understand you correctly, you'd like to stay with him, but you want him to stop being jealous?'

'Yes, that's right.'

She knew in her heart that this was about as likely as that fish would sing. She was thus destined for years of pointless suffering.

In the 1940s there was a Soviet defector called Kravchenko who wrote a book entitled *I Chose Freedom*; her autobiography, on the other hand, would be entitled *I Chose Misery*.

In the next bed was a 16-year-old girl whose boyfriend, aged 30, had visited her the previous evening. He approached her bed, moved her bed table to clear the trajectory of his arm, and punched her hard on the face, several times. He had an audience: two doctors and two nurses. Having completed his assault, he hurriedly left the ward, while the doctors and nurses asked the patient whether she wished to have her boyfriend prosecuted. She said no, and that was the end of the matter.

When I heard about it the following morning, however, I felt it should not be allowed to rest there. The impression had been given, and no doubt received, that our patients could be assaulted with

impunity. I called our legal department to find out whether it was really true that prosecution in such cases depended upon the willingness of the assaulted parties to press charges. I described what the boyfriend had done.

‘Why did he do it?’ asked the legal department. ‘Perhaps he had a good reason.’

‘And what,’ I asked, ‘would constitute a good reason for a man to hit a patient while she is in bed, or indeed at any other time?’

I HESITATE TO PEN A CLICHÉ

I HESITATE TO PEN anything resembling a cliché, but the trouble with children these days really is that they have no discipline. The irrefutable truth of this ancient lament was forcibly impressed upon me last week when I was consulted by a woman of 22 who brought her three-year-old child into the room with her.

He was quite a nice little boy, or so I thought: a handsome face with lively, enquiring eyes. Alas, he grew bored after about half a minute in my room and demanded from his mother various objects from my table.

‘I want the pen.’

‘You can’t have it,’ said his mother.

‘But I want it.’

‘Well, you can’t have it.’

‘I want the telephone.’

He reached up to the table and a disaster (for the telephone) would have ensued had his mother not swept his arm away. A look of determination hardened on the little one’s face.

‘Fuck you,’ he said to his mother.

Nature abhors a vacuum, and man abhors anarchy: law of one kind or another must prevail, even if it is the law of the jungle. This was the law which had prevailed with my next patient, a 14-year-old boy who had emerged from his school the day before to be accosted

by three youths a few years older than he who were previously unknown to him.

‘You’re coming with us to town,’ they said.

‘I don’t want to,’ he replied.

‘Never mind,’ said one of them, pulling out a large knife and putting it to his throat. They frog-marched him on to a bus as if he were under arrest. As they approached town, the three youths told him that they would show him someone with a gold chain and he was to snatch it on their behalf. He had better do as he was told.

However, when they alighted from the bus he managed to run off, and they did not catch him. They knew him now, though, and might return for him: last night he had nightmares.

That afternoon I went to the prison. I was waiting for the arrival of patients in my room when I heard two officers walk by.

‘Suicides are not the best way to start the week,’ said one to the other.

Before long an officer entered my room and asked whether he could ‘put B- before me’. B- had been assaulted at lunchtime.

B- turned out to be a short man, rather plump, and was trembling with terror. He had a black eye, a split lip and sore ribs.

‘What happened?’ I asked.

‘Three men burst into my cell,’ he replied, his voice as unsteady as his nerves. ‘Then they started punching and kicking me.’

‘Why?’

‘They thought I was a nonce. But I’m not: my cell-mate is, but he wasn’t there. When they realised they’d got the wrong bloke, they said they was sorry, like.’

He was afraid to return to his cell, in case he were mistaken for a nonce by three more righteous burglars.

But of course he wouldn't reveal who his attackers had been: to grass up is to break prison's first and most fundamental law.

I TRY TO BE BROADMINDED

PHILOSOPHERS HAVE LONG debated the moral justification of punishment – well, that's the kind of thing philosophers do, of course. But if they find it difficult to justify punishment in general, what would they make of prison in particular? If ever there were monuments to the vanity of human endeavour, prisons are they: except, unfortunately, that no society can quite dispense with them.

For a spectacle of sheer inspissated futility, it would be hard to surpass the daily intake into our penitentiaries of scores of minor wrongdoers who have failed, through cussedness or otherwise, to pay their fines.

They are released after serving only a day or two, but in that short time much public money is expended, and the law made to look an utter ass. Is there really no one in these densely populated islands who can devise something better, or (which in the context amounts to the same thing) less expensive?

Last week, however, I did finally stumble upon a useful function which prison performs, other than keeping psychopaths under lock and key: I discovered prison as a means of contraception.

I interviewed two prisoners, one aged 22, a rapist, and the other aged 24, a grievous bodily harmer, who had between them 15 children, distributed between 11 different mothers (assuming no exact overlap in the objects of their inseminatory activities). Prison

had brought a temporary end to their procreation, and could thus be considered as a kind of expensive prophylactic: one prisoner costing the taxpayer more to keep than a whole brood of such infants.

The two men regretted only that their children were able to see them infrequently, thanks to the expense of public transport, the meanness of social security payments and the reluctance of the mothers to visit the men who had deceived them. Otherwise they were happy enough: granted parole, they could expect to go forth and multiply again within a comparatively short time.

I try to be broadminded (it doesn't come naturally, I can assure you); I try not to sound like Mrs Grundy or Colonel Blimp. Yet, try as I may, I cannot imagine what, if anything, goes through the minds of the men and women who bring children into the world as insouciantly as I collected frog-spawn as a child or stole eggs from birds' nests. An African peasant desires many children to secure his old age; but why do the rapist and the GBH-er need so many offspring? Oh God! A beast, that wants discourse of reason, would pause longer before procreation.

Mind you, the two fathers weren't the only ones I couldn't understand that day. An absconder was put before me, a man who had failed to return from home leave to his open prison (where the regime was liberal, to say the least) and who, when he was recaptured, was brought to our more secure institution.

'Why did you abscond?' I asked.

'I didn't like open prison,' he replied.

'Why ever not?' I asked.

'Too much time on your hands.'

'Do you mean to say you prefer it here?'

‘Yes. You don’t have to think here.’

A GOOD MAN IS ABOVE THE PRICE OF COCAINE

IF IT'S LESSER breeds without the law you want, you can't do better than Britain. The only law recognised in large parts of the country is the law of the biggest boot, the heaviest punch, the sharpest knife and the ugliest threat.

I noticed last week that one of my patients had a swollen and disfigured wrist. She had come about something quite different, but I asked her about her wrist nonetheless.

'My boyfriend done it,' she said.

'How?' I asked.

'During an argument.' She made a gesture as if she were breaking a twig: that was how he did it.

'What did you think?'

'I thought I mustah done something wrong to deserve it.'

I peered hard into her face: she was perfectly sincere. I asked her what conduct on her part could or would have justified her boyfriend's brutality. She was unable to say: her guilt was general and unattached to anything in particular which she had done.

'But I did tell the police,' she continued. 'I even pressed charges.'

'And what happened?'

'I dropped them.'

'Why?'

‘He said if he was convicted, he’d lose his job, and then he threatened me. Well, not me exactly. He said he knew where my little boy went to school and he could easy get him.’

There was reason to believe that she was not the first woman whom he had treated in this fashion, but he had never suffered the consequences of his actions, except for the break-up of his relationships. He would bully his way through life like a knife going through polyunsaturated sunshine spread.

My patient had not been altogether wise in her choice of gentlemen friends. The one before the wrist-breaker had deserted her the moment she gave birth to his child, though apart from saddling her with this twenty-year liability, he was, she said, decent enough.

The man with whom she had taken up since the breaking of her wrist was, alas, a bounder. Large parts of his biography, as he related it to her, were blank, and suggested – to me at least – forced acceptance of Her Majesty’s hospitality. He claimed to have amnesia for those lengthy gaps. Moreover, three weeks into their relationship, he began to see another woman. It was a purely platonic affair, he told her – and no doubt he told the other woman the same thing.

‘But I want to believe him, doctor,’ said my patient. ‘I love him, you see.’

I got her half to admit that he was no good, but then she exclaimed, ‘I need to have a man, doctor! Is that wrong?’

‘No,’ I said, admiring her will to love. ‘But you need a decent man, a man who won’t just exploit you.’

‘But where do I get a decent man?’

Round here – impossible. A good man is above the price of cocaine. But it wasn't always like this: years ago, decent men were in the majority. I recalled a widow who said of her husband that he'd been 'golden'.

'He was a very good man, doctor. He never asked me for no sex, nor nothing like that, but when I was asleep, he'd help himself, like.'

I'VE NEVER BROKE INTO NO HOUSES IN HIGHGATE

I WAS ON MY way last week to the home of a patient – or perhaps I should say to the home of an alleged patient, for I had been called because he was lunging drunkenly with a knife at his family, and these days, such is the pervasive doctrine of the Real Me that the doctor is called in such situations rather than the police – when I noticed an eight-year-old boy performing powerful and destructive karate kicks on a free-standing street name. Naturally, I blame the council: if they put up street names like that, what can you expect? Equally naturally, I didn't stop to tell him to cease his attacks on defenceless public property, because he was in the company of his dad, who appeared to take some pride in his precocious powers of destruction, and might have been armed.

Fortunately, the consultation with the drunken lunger was brief. His house was the only one for some scores of yards with glass in the windows rather than chipboard, and most of the cars in the vicinity were held up by bricks rather than by wheels, properly so-called. All the local grass was strewn with empty tins of drinks, cigarette packets and polystyrene containers of take-away meals; it came as no surprise that the members of his family (all female) were fat slatterns.

By the time I arrived, the patient had fallen asleep, emitting Richter-scale snores, his head lolling upon bosoms of which Jane

Russell might have been proud. The bread knife had escaped his grip, and lay upon the floor. His family now denied that there was anything wrong and were annoyed at my presence, which they had requested only a few minutes before.

This was just as well, for I was late for the prison and did not wish to be detained long. In the prison I was consulted first by a type which every prison doctor will recognise: the pony-tailed Buddhist.

The P-TB (for short) is always a vegan, because his principles not only do not permit him to eat the flesh of any animal, but also lead him to consider the theft of eggs and milk from the poor suffering chickens and cows to be utterly reprehensible. The P-TB always speaks in a lowered voice, a kind of pious whisper, in case the unnecessary decibels should disturb the flies. The P-TB believes that even inanimate objects are suffused with living spirit, and must therefore be respected. It comes as a surprise, therefore, to learn that the P-TB is invariably in prison for armed robbery or GBH.

Do not his principles apply, then, to the owners of small shops, bank clerks, etc.? Apparently not, for the P-TB is inclined to recidivism. Moreover, he usually evinces an unhealthy interest in martial arts, which makes his arrest after his crime contingent upon the presence of at least ten of the boys in blue.

It isn't all grim in prison, though. Sometimes it is fun. My next patient entered my room loudly protesting his innocence.

'I'm not guilty,' he said. 'I've never broke into no houses in Highgate.'

'Oh,' I said. 'Where do you break into houses?'

'Islington,' he replied.

‘And now you know, sir,’ said the prison officer next to me, sotto voce, ‘why they’re in here.’

THE ODD MORALS OF MUGGERS

THERE IS A BRAND of insanity, or so it is alleged, which consists in this: that the sufferer, so-called, does not know the difference between right and wrong. This ignorance is not contingent, as would be (for example) an ignorance of the history of Paraguay, which, in theory at least, can be rectified. With the morally insane, as they used to be known before more neutral-sounding terminology was adopted, it is more like trying to teach the blind to see and the deaf to hear. And the sufferers actually do not suffer very much: it is the people around them who bear the burden of their malady.

But do such people as the morally insane actually exist? I am not sure: for my part, I have never known anyone who lacked the very concepts of right and wrong. On the other hand, those who do not know how to apply them are legion.

I am driven to these somewhat abstract reflections by the case of a nurse who worked on one of my wards and was recently mugged by two young men, who overpowered her easily. She was in a part of the city where artists and other undesirables congregate, and she had done some shopping. She stopped at a bank to withdraw a little money from its dispensing machine, and was then followed by the two young men.

As soon as she noticed them, she realised they were up to no good and crossed the road. They followed her and grabbed hold of

her.

‘Give us your money,’ they demanded.

She said she had none.

‘You’re a liar,’ they said. ‘We saw you at the cashpoint.’

And then they hit her, blacking both her eyes. It didn’t take them long to make her disperse to them the £20 which the machine had just dispensed to her: not a large sum, perhaps, for the average mugger, but more than the average nurse can afford to lose.

‘Next time,’ said the muggers as they ran off, ‘tell us the truth.’

What astonished the nurse – once the initial shock had worn off and after she had received treatment in her own hospital – was the moral outrage which the muggers appeared to feel when she told them an untruth. They believed that those whom they would call their ‘clients’ if they worked for Social Services had a moral duty to tell them the truth when asked a question. They wouldn’t have hit the nurse if she hadn’t lied, and therefore the nurse had asked for, and deserved, what she got. It was a form of punishment for telling lies.

Let us now imagine that, per impossibile, the two muggers are caught by the police. Let us also imagine that they undergo interrogation and that, because the police know that they are not being told the truth, the two suspected muggers are given a good beating – still per impossibile, of course. Eventually the two men confess to the mugging and sign confessions. The magistrate then sentences them to community service because, before this unfortunate incident, there is no record of them having been other than fine, upstanding citizens.

Is the moral that the two young men draw from their experience that they should always tell the truth to the police? Or is it that the

'system' is evil, that the world is against them, that so-called respectable people are liars, and that all their morality is hypocrisy?

NO FUCKER GIVES A SHIT

I WAS CALLED AWAY from a crisis meeting last week to the casualty department. I was glad of the interruption, I must admit: there is a certain natural limit to one's interest in the question of new mattresses for the beds in the junior doctors' on-call rooms. Of course, I understand the importance of the matter, sleep being the knitter-up of the ravell'd sleeve of care, sore labour's bath, and all that. But when there's no money for mattresses, there's no money for mattresses, and talking about it won't help. And so, like Macbeth, methought I heard a voice cry, 'Sleep no more! The Budget murders sleep.'

Meanwhile, down in casualty a young lady in a red bandana was spraying everyone in sight with shaving foam. She had bought it, apparently, as protection from the demons which she had recently taken to seeing and hearing everywhere, rather as nervous ladies in violent cities carry tear-gas around in their handbags.

Everyone had retired to a safe distance and it was clearly time for a little leadership, exercised by me. I strode forward.

'Hello,' I said cheerfully. 'I'm Dr Dalrymple.'

She pointed her aerosol at me (ozone friendly, I am glad to say) and applied her finger to the button. Sticks and stones may break my bones, but foam will never hurt me. I continued my approach. She punched me hard on the nose and slapped my face. I think she may

have reactivated an old fracture, from the time I crashed into a wall during a furious drive to reach a restaurant before it closed.

I had my revenge, however: I ordered her to be held down and injected in the buttock.

I was called to the ward, where another patient awaited me. He was multiply tattooed with symbols of whose meaning and significance he was as perfectly unaware as is the writer of any post-modernist novel of the meaning of the symbols he uses. When I looked at the patient, I could not but think of newsreels of bygone wars: all those patriotic women lining up to donate their rings to the war effort. I pictured my patient – if ever we go to war again – removing the rings from his eyebrows, the upper parts of his ears and his nipples, to help the boys at the front: there were enough of them to pay for an entire campaign, I should have thought.

‘What’s the problem?’ I asked.

‘Why do you ask?’ he replied. ‘What fucker gives a shit?’

‘Has it ever occurred to you,’ I asked, ‘that no one cares because of the way you talk to him?’

‘If you’d been through what I’ve been through...’ he said.

‘Even so,’ I said, ‘politeness pays.’

‘I can’t help it.’

I told him that I would continue to see him only on condition that he did not swear or use foul language.

‘I’m sorry, doctor,’ he said. ‘It’s just the way I was brought up.’

My plan is to demonstrate to him that, notwithstanding his upbringing, he can control his language; and if he can control that, perhaps he can control other things. Of course, my plan may not

work, but if it doesn't – well, to quote my patient, what fucker gives a shit?

THE FOURTH WORLD CONFERENCE OF WOMEN

I HAVE JUST returned from the fourth World Conference of Women in Peking, where I was poisoned by piety. It was a great relief to get back to my ward, where people were at least poisoned by paracetamol or paraquat. In my experience, people who swallow paraquat are generally serious (about death, I mean), though I have known one or two take it for what they supposed were medicinal reasons. Goodness knows what they thought was going on in their insides: they seemed to take the ancient doctrine of the good clear-out to absurd extremes.

Talking of absurd extremes, the conference demonstrated a characteristic of the modern world, namely that its intellectual life consists largely of the solemn enunciation either of the obvious ('girls are the women of tomorrow') or of the obviously wrong ('health is a state of complete physical, mental and social well-being'). How is it that thousands of intelligent people did not notice that this statement, which appeared in the conference document, is drivel? Sometimes I feel like the last person alive who has not been infected by an epidemic virus which affects the brain and turns all thought to mush.

But to return to the really interesting question: why do people poison themselves? Debt, disappointment, depression, drunkenness, fear, jealousy, blackmail, boredom, pique, loneliness,

anger, resentment: the whole gamut of unpleasant experience in this vale of tears we call the world.

One of my patients had taken to the pills because the voices told him to do so; another to get the council to place a steel door on her flat, to prevent her jealous, rejected lover from breaking down the wooden door yet again to administer the further beating with which he hoped to win her back to him. In the past, he had broken her arm, he had ruptured her spleen, he had fractured her jaw: am I alone in thinking that a steel door to prevent his ingress should be replaced by a steel door to prevent his egress? How is it possible that a man who has done these things is still walking free?

And then there was a young Indian woman, intelligent and educated, who had agreed to an arranged marriage against her better judgment. Her husband was a mummy's boy, an only son who was the crown prince of the household. In mother's eyes he could do no wrong; and in her eyes also the daughter-in-law, who came to live with them, could do no right. She was treated as a skivvy who was remiss in her duties: she overheard her parents-in-law discussing her, regretting that they had hitched their princely paragon to such a lazy girl. She was not allowed out of the house under any pretext; she was not allowed to visit her own parents, who in any case would have told her that it was her duty to stay with her husband in order to preserve the family name in the opinion of the community.

My patient took too many pills just to get out of the house for a day or two, the only way she could think of doing so.

As the document produced by the Conference on Women so eloquently puts it:

[Governments should] design and implement... gender-sensitive health programmes... that address the needs of women throughout their lives and take into account their multiple roles and responsibilities, the demands on their time, the special needs of rural women and women with disabilities and the diversity of women's needs arising from age, socio-economic and cultural differences, among others, and include women, especially local and indigenous women, in the identification and planning of health-care priorities and programmes...

AM I UNDULY HARSH?

I THINK I MUST need counselling. I have arrived at this desperate conclusion because of two posters which appeared recently on the notice board of the hospital's Postgraduate Medical Education Centre.

The first of them asks, 'Do you bite your patients' head off?' If the answer is 'Yes, occasionally', the poster recommends that you talk to a friend; but if the answer is 'Yes, all the time', you should consult the Doctors' Counselling Service. (The answer 'No, never' is considered beyond the bounds of possibility, and anyone who replies thus must be a liar.)

The second poster asks, 'Does empathising with your patients depress you?', and makes the same recommendations.

I don't know about empathising with my patients, but listening to them certainly depresses me. Surely any man of the most minimal sensitivity would be laid low by what I hear day after day and week in, week out?

But how shall I explain my feelings to my counsellor? And what shall I tell her? Will she understand – empathise with – my view that the misery by which I am surrounded is all the worse for being self-inflicted?

Take the following case. My patient tried to hang himself because he could see no other way out of his predicament. His wife had

divorced him on the grounds of unreasonable behaviour – drunken violence etc. – and then remarried him, bearing him three children in quick succession. (The costs of the divorce were borne by Legal Aid, of course.) Then she decided that, because of his continued drinking and violence, she ‘needed her own space’, with which the council obligingly provided her.

Then she took out an injunction against him – Legal Aid again – but he took no notice of it and assaulted her in her new flat. She called the police, he was arrested, the police filled in their innumerable forms consequent upon an arrest, the case was just about to go to court when she dropped the charges and the happy couple were reunited.

Old habits die hard, however, especially bad ones, and he began to hit her again when drunk – that is to say, seven times a week. She soon told him that she couldn’t stand it any more and he had to return to his own flat; but as soon as he got there he decided life was not worth going on with.

‘There’s nothing left for me, doctor,’ he said.

Just as he finished, who should arrive on the ward but his ex-ex-wife. She walked straight up to his bed, flung her arms round him, hugged and kissed him. She had forgiven him everything; she just wanted him back home safe and sound.

Am I unduly harsh in seeing in all this an irresponsible failure on both their parts to take existence seriously? I couldn’t help recalling a patient who had been brought to the hospital earlier in the week by a policeman, who had found him in the street with a razor-blade and a cut wrist.

I looked at the wound.

'It's nothing serious,' I said.

'Oh, I know that, doctor,' said the patient. 'I wouldn't do nothing stupid.'

HE DID NOT EVEN ASK THAT I SORT HIS HEAD OUT

'IF I CAN'T HAVE her, nobody else is going to.'

More sinister words do not exist in the English language, for they serve as a prelude if not always to murder, then usually to a murderous attack. It is not the man's love which is destroyed by the woman's decision to leave him, but his self-love, an altogether different and more dangerous beast, as vicious when wounded as the African buffalo.

To my surprise, however, jealousy was not the motive for my patient's attempt to strangle his wife. This was no common-or-garden asphyxiation, of the tiresome it-was-doing-my-head-in-variety; as a consequence of which the man did not even ask that I sort his head out so that he should not repeat his strangulations.

It was true that his girlfriend, the mother of his three children, had decided to leave him. They had been together for seventeen years, since they were 15, and she was bored with him. I suspect she was curious as to other men's anatomy. Certainly his conversation was not such as to keep anyone deeply enthralled for decades, even if one counted minutes as years. But he loved her still.

And the problem was that her parents still liked him; he was a steady lad, a good worker and not at all the type to get into trouble with the law. (It was an indication of their low expectations of life, and perhaps of the times we live in, that they defined the good by mere

absence of the bad.) So she had to explain to her parents why she was leaving him, when the likelihood was that anyone else she found would be much worse.

She invented a story of his violence towards her: he had beaten her throughout their liaison, she alleged, but now he had tried to strangle her, and that was the final straw.

Naturally, he was displeased by these allegations, coming on top of her decision to leave him. They were completely untrue, and one night the very thought of them drove him to drink. Thereafter, he rose up and attempted to strangle her – a case, I suppose, of life imitating art.

Another patient that day had tried to hang himself because he had done two burglaries, but the police were trying to pin four on him. I told him that I thought the boys in blue would remain unmoved by his protestations of semi-innocence (or semi-guilt, depending on whether by temperament you see the glass half-empty or half-full).

‘But that’s not all, doctor,’ he said.

‘What else is there?’ I asked.

‘I was out of my head at the time.’

‘What with?’

‘Temarzipan,’ he said, meaning temazepam. ‘I never go robbing except when I’ve had temarzipan.’

‘Where do you get it from?’ I asked.

‘A friend.’

Fearing an infinite regress, I pressed my questions no further. Suffice it to say that I have heard tell of wicked old pensioners who sell their prescriptions to young addicts.

‘But can’t nothing be done to sort my head out?’ he asked me when I said I thought the court might view his drug-taking as an aggravating rather than an extenuating circumstance.

For some reason, a single remark from a fellow passenger which a friend and I overheard recently at Moscow airport ran through my head for the rest of the day like a snatch of an unwanted tune: He should be given a firing squad, as a minimum.

DOCTORS AREN'T UNDERSTANDING ENOUGH

I DON'T THINK I'M an especially delicate plant, but the fact is that it upsets me if more than one patient a day tells me to fuck off. One such patient is as much as my attachment to the human race can stand: thereafter, uncharitable thoughts about my fellow creatures begin to supervene, which sour my mood.

Contrary to what many might suppose, I do nothing to provoke these outbursts on the part of my patients. Quite often they address me thus before I have even opened my mouth. And it is unlikely that my body language (to use the modern cant expression for deportment) is so aggressive or offensive that it would explain, much less justify, this manner of speech.

The first such patient last week had taken too much of the drug ecstasy, which in his case seemed to be something of a misnomer, since it made him profoundly miserable and obstreperous. He turned his face to the wall and replied to all questions whatever, from whichever direction they came, with the same obscene expletive, thus displaying what psychiatrists are inclined to call 'poverty of speech', defined in one textbook as speech which 'conveys little information, and tend[s] to be vague, over-abstract... repetitive and stereotyped.'

The second patient refused treatment for a potentially life-threatening condition, and I tried to persuade her to accept it. My

humanitarian efforts were received with the same implacable hostility, in this case reinforced by the presence of her menacing and unwashed boyfriend, who threatened anyone who approached his beloved with a lawsuit. I knew he was a nasty character, not to be trifled with, because he had drunken-fighter's nose (i.e. broken several times) and two missing upper incisors, a similarly tell-tale sign of habitual inebriated aggression. And he had scars all over his face like ski-tracks in snow.

'I'll have you in court,' he said, waving his index finger in my face.

In the circumstances, it was a relief that my next patient was merely an habitual hypochondriac, who produces symptoms like a conjuror produces rabbits out of a hat. It goes without saying that his real complaint is against life, in all its tedious complexity.

'I've had trouble with Martha, doctor,' he said.

It is a curious fact that many patients think that because they know who they are talking about, the doctor must be likewise apprised.

'Who's Martha?' I asked.

'Basically,' replied my patient, 'she's my mother-in-law.'

Her husband, his father-in-law, had just died and there was a family dispute over the tombstone, the choice being between a limestone cross costing £100 or a polished granite affair costing £1,000. My patient favoured the cross, because no one in his right mind would ever visit the grave.

'The cemetery's bad for mugging, you know.'

Naturally, he was distressed by the situation, and it had made all his symptoms worse. He couldn't sleep, either.

‘My eyes close, but my inside’s open. My wife thinks I’m asleep, but I’m not.’

He had even contemplated ending it all. He would tie a rock to his ankle and jump into the canal.

‘And do you know why people end up in the canal, doctor?’ he said.

‘No, why?’ I asked.

‘Because doctors aren’t understanding enough.’

SHE DIDN'T SEE THE POINT, LIKE

WHAT DOES EXPERIENCE teach? Only this: that Man (in which designation I include Woman) learns very little from the whole sorry business. Even those who, like me, devote the best part of their lives to the study of human folly in its infinite guises are not necessarily immune from that very foolishness which so distinguishes Man from the animals.

Occasionally, however, one meets somebody who seems to have learnt the beginnings of wisdom from the universal folly by which he is surrounded.

For example, only last week I met a man who had come to the conclusion that the currently fashionable way of bringing up children in the quarter of the city from which my hospital draws its patients – and the method by which he himself was brought up – is conducive neither to solid achievement nor even to the most ephemeral happiness. A mother young enough to be your sister, and a succession of temporary stepfathers, is not the best of starts in life.

Unhappily, the mother of his four children was a shrew who combined censoriousness with the grossest irresponsibility and a permanent sense of grievance with violence towards her own children, whom she eventually deserted with a suddenness and finality which was quite startling.

‘It’s a pity, doctor,’ said my patient – though he freely admitted that his wife was a harridan. ‘I think a child needs his mother and his father.’

You could have knocked me over with a child protection order.

‘For God’s sake,’ I said, ‘don’t let a social worker overhear you saying that. Of course, I agree with you, but a social worker would take your children away from you because of your ideas. They’d say your children were in grave danger of growing up judgmental.’

My following patient had led a more conventional life, inasmuch as she was a single mother aged 25 living on the fourteenth floor of a tower block, who had been deserted by the worthless father of her child, whom she still loved though she knew him to be an out-and-out rotter.

Her life was sad and lonely, without interest even to herself. I asked her whether she had been any good at school.

‘No, I never went.’

‘Why not?’

‘I didn’t see the point, like.’

I gave her my usual test, asking her to add eight and seven.

‘I can’t,’ she said, ‘because of the drip in my arm.’

‘What difference does that make?’ I asked.

‘I can’t use my fingers to count.’

A reading test established that she could pronounce most words of fewer than three syllables, but she could not grasp the meaning of the passage she had just read – in other words, that her educational accomplishments were about average for her age and environment.

‘Do you know the dates of the Second World War?’ I asked.

‘No,’ she replied. ‘That’s one thing I don’t agree with, war.’

It seems that, in modern educational theory, to know a fact is to approve of it.

‘Do you want your son to be educated?’

‘Oh yes, doctor. I don’t want him to be like me. In fact, I’m going to go to night school myself to learn English and arithmetic.’

With luck, and much labour (but by no means certainly), she will learn what I knew and took for granted by the age of seven or eight.

THE PERFECT BUREAUCRATIC SOLUTION

AN ENGLISHMAN'S HOME is his castle, wherein no one may enter without permission except the Inland Revenue, the Customs and Excise, burglars, vengeful ex-lovers and neighbours wielding baseball bats. But, in council housing at least, these disturbers of the peace are as nothing compared to the invisible invader brought on wings of vibration for up to twenty-four hours per day. I refer, of course, to music in its louder and more popular forms.

Many people are reduced to fits of murderous or suicidal despair by this curse of the modern age, people who are by no means morbidly hypersensitive to noise, and who themselves are not exactly dormice. Those who complain about it to their neighbours risk death, and are lucky if all they get is a good dose of what is known locally as 'verbal'. Neighbours round here are inclined to be what prison officers call 'mouthy'.

Of course, people sometimes hear what isn't there.

For example, I received a call from the casualty sister last week who informed me that a man had walked through the doors, escorted by two policemen, who had gone to the city centre that morning and found it full of sinners.

'But it is full of sinners,' I said.

'I know,' replied Sister. 'But he says he can hear the Holy Spirit as well.'

‘What does it say to him?’

‘It tells him to spit at policemen.’

This seemed to be carrying the principle of rendering unto Caesar those things which are Caesar’s a little far.

But one day this week I was consulted by two patients whose sensations were veridical, and who wished to depart this life because of the music played incessantly by their neighbours.

The first of my two patients wisely took the precaution of sending his wife (who is pregnant) and his first child to his mother-in-law’s house before complaining to his neighbour about the volume of music at unearthly hours of the morning. He tried appealing to his neighbour’s better nature by telling him that his child needed to sleep and that his wife was pregnant.

‘I don’t give a fuck,’ said his neighbour. ‘I’ve got a right to play music if I want to.’

And since moderation in defence of human rights is no virtue, he added that he would kill my patient’s son if he – my patient – were to complain to the police or to the council.

My second patient had a similar experience when she complained to her neighbour, except that he grabbed her round the throat and banged her head against the wall.

Both patients wanted to move away, of course, but the council considered that they were already adequately housed where they were, inasmuch as they had four walls around them and a roof over their heads which didn’t leak in a thunderstorm. Their despair was nearly complete, and they both asked me to write letters to the council on their behalf. They apparently still believed that the council

disposed of accommodation where neighbours did not play music at a trillion decibels from midnight to midday.

As I wrote the letters, I thought of the perfect bureaucratic solution to the problem: the Housing Department should make them swap flats.

HIS MIND WAS GOING TEN TO THE DOZEN

THESE DAYS, LIKE nearly all my patients, I'm tired and lack energy. In fact, I go to bed tired and wake up exhausted. Occasionally, of course, I have some slight excuse for my inertia: last week, for example, I was on duty overnight and found myself called at two in the morning to scour a piece of wasteland about half an hour's drive away, to which a man had gone to spend the night, apparently under the impression that the end of the world was nigh. Why he thought this particularly unattractive corner of the world, with its greasy pond, abandoned perambulators and surfeit of thistles, should be spared the great immolation, I cannot imagine. If the end is nigh, why not just go to bed and wait for it quietly there?

However, one cannot expect logic from a lunatic.

Next morning, or rather a little later the same morning, I was awoken by the hospital. There was a heavy drinker in the ward – a patient, I hasten to add – who was trying to throw himself out of the window to escape an axeman who was coming after him. As it happens, we get quite a few axemen in our ward, but on this occasion it was a purely imaginary one who was causing all the trouble.

On the way into the hospital, I could not help but recall a patient who consulted me earlier in the week. He couldn't sleep, he said,

because his mind was 'going ten to the dozen'. That was exactly how my mind was working.

It's odd how patients get the wrong end of the stick about almost everything. They don't just mix metaphors, they positively mangle them. As for the medical information they're given, they've forgotten it by the time they reach the consulting-room door, and then make something up to tell anyone who'll listen. I've overheard people on trains relaying to each other what the doctor allegedly told them, and it renders newspaper reporting positively accurate by comparison.

And patients, it seems to me, have a very odd set of values. Here again everything is topsy-turvy. One example will suffice. A young man was admitted to our hospital last week having been stabbed in the stomach by his best friend. They had gone to a pub, got drunk and fallen out over a girl. One of them had impugned the other's masculinity, they fought, and a knife was drawn.

Two days later, I was surprised to see the assailant chatting amicably to his victim by his bedside.

'You've forgiven him, then?' I said to the victim.

'Yes,' he replied. 'Mind you, I know we shouldn't have had a fight – but I don't think I deserved to get stabbed.'

'And you,' I asked the assailant, 'what do you think about having stabbed your friend in the stomach like that?'

'I'm gutted,' he replied.

NOTHING HAD CHANGED IN MY ABSENCE

THE STAFF OF AIR FRANCE chose the precise moment of my arrival at Charles de Gaulle airport last week to go on strike. I make no claim for a causal connection – but still the coincidence was impressive, and might have powerfully affected someone of less scientific temperament than mine. Instead of brooding upon it, however, I took the opportunity afforded by my longer than foreseen wait for a return flight to these benighted shores to read *Le Monde*.

It was with a certain balefully patriotic satisfaction that I read in that serious, not to say solemn, publication that the back-to-front-baseball-cap and mugging ‘culture’ (as the promiscuously charitable anthropologists would no doubt call it) now dominates the slums of France. The difference between France and Britain, of course, is that while only a third of France is a slum, two thirds (at least) of Britain is.

Back in the hospital after a short break, I discovered that nothing had changed in my absence, at least not for the better. My first patient, aged 25, had false teeth: not dental decay (fluoride in the water supply having abolished all that), but the violence of her lover. And he had just broken her jaw because the eggs she had cooked for him were not to his complete satisfaction. But she was afraid to leave him because he had threatened to break her mother’s legs if she did so.

‘Prison’s nothing to him,’ she said. ‘Besides – I know it sounds silly to you, doctor – I love him.’

As for his more serious offences against her, they were so unspeakably awful that I cannot record them here.

My next patient had been prevented by his step-father from attending school between the ages of six and 15. He had been continually beaten by him, ostensibly for such reasons as failing to tie his shoelaces in the prescribed fashion, but really to satisfy this latterday Murdstone’s desire to beat a fellow human being with utter impunity.

And then there was a girl aged 18, imprisoned, beaten, tortured and repeatedly raped by her 19-year-old boyfriend. I knew her story to be true because I had previously attended the boyfriend’s mother and sister, whom he had also beaten savagely. The police have been called to his home more than once, but no charges have been laid: his victims have refused to testify in court against him because flesh is thicker than law, which in any case provides no more protection against violence of this kind than holy water against bullets. I left the ward with a deep loathing of humanity. Or perhaps it was disgust at my own impotence (and everyone else’s, apparently) in the face of this evil. At any rate, that afternoon I was in no mood for prisoners’ complaints.

‘Doctor,’ said the first of them, ‘you’ll have to give me something to control my temper.’

‘Why?’ I asked.

‘I keep losing it. Last week I poured a saucepan of curry over one of the screws.’

‘Was it hot?’

‘You mean spicy?’

‘No, I meant temperature.’

‘No, not very. You know what prison food’s like – or perhaps you don’t.’

‘As a matter of fact I do.’

‘Oh do you?’ he said, raising an eyebrow. ‘Well, anyway, it was only a vegan curry.’

A TOUCH OF CANCER

THERE IS A GROUP of symptoms, deemed serious by psychiatrists, known as passivity phenomena. The patient no longer experiences his thoughts, volitions or actions as his own, but believes them to be under the direct influence of outside forces, such as other minds, radio waves and cosmic rays. In the words of one textbook, these phenomena represent 'a disturbance in the sense of the integrity of the self'.

This disturbance, it seems to me, is more widespread than the psychiatrists have hitherto acknowledged, and is becoming ever more prevalent.

For example, last week I was consulted by two people who were not fully in control of themselves.

One lady had resorted to that common expedient, the overdose, calling an ambulance immediately afterwards.

'My doctor made me take it,' she said.

'Oh, really?' I said, most surprised. 'How?'

'He wouldn't give me no sleeping tablets, and I need sleeping tablets to sleep.'

'And then you took the overdose?'

'Yes, he forced me to. I couldn't do nothing else.'

'Let me see if I have understood you correctly. Your doctor refused to give you sleeping tablets, then he grabbed you by the nose, thus

causing you to open your mouth in order to breathe, then he stuffed tablets down your throat, and closed your mouth again to make you swallow them?’

She laughed. ‘Well, no, not exactly.’

‘Then in what sense did he force you?’

‘He didn’t give me no sleeping tablets.’

Personally I am in favour of giving everybody what he wants, providing only that he takes the responsibility for the consequences. In Third World countries, for example, you can buy powerful cytotoxics over the counter whenever you feel you have a touch of cancer, an excellent system which cuts out the expensive rigmarole of diagnosis.

My second patient with a disturbance of ego boundaries looked a complete mental and physical wreck. He was weak, sallow and thin: every movement appeared to sap his last strength.

‘It’s the drugs, doctor.’

‘Which drugs?’ I asked.

‘I take everything I can get my hands on.’

Certainly the list he gave me was impressive: black, crack, speed, acid, ecstasy, ice, weed, magic mushrooms and sleepers. And methadone on prescription.

‘You know, all this isn’t very good for you,’ I said.

‘I know, doctor, but I’ve been doing it a long time.’

It is strange how human beings believe that foolishness is extenuated by prolongation.

‘It’s a pity you ever started,’ I said.

‘But what else could I do, doctor? I was sent to prison, and prison’s awash with drugs, they was all around me.’

‘But you didn’t have to take them.’

This struck my patient as a highly original thought.

I do not mean to imply, though, that people never genuinely lose control of themselves, far from it. It so happens that I was on duty in the evening, and a custody sergeant from a local police station rang to say that they had a drunkard in the cells, but that they feared something was wrong with him. Could I come and examine him?

On the cell walls were scratched desperate messages of love: Frizz luvs Tracy, and so forth. There was a terrible smell.

‘He defecated in here, doctor,’ said the custody sergeant. And then he told me what he did with the products of elimination.

‘Not very nice,’ I said, wrinkling my nose.

‘Average,’ said the sergeant, lugubriously.

All the way home a question arose in my mind: what, then, is below average?

IN A GOOD MOOD FOR THE WARDS

NO SOONER HAD I arrived in the hospital one day last week than I was asked to go to the casualty department. A young man had been brought in not long before who had taken too many sleeping pills. The hospital being completely full, as usual these days, he was lying on a trolley in the corridor.

He was deeply asleep. He smelt unwashed and had on a black T-shirt with a long legend in white lettering. It started:

THE TEN GREATEST FUCKS IN THE WORLD

Below this was a list numbered one to ten.

1. What the fuck was that? – Mayor of Hiroshima.

I shall not reproduce the list in its entirety. Suffice it to say that No.1 was the most tasteful of the ten. The patient being unaware of my presence, I shook him gently to wake him.

‘Fuuuuuuuuuuuuuuuck,’ he groaned, expanding the word as a South American football commentator on the radio expands the word ‘goal’.

‘Good morning,’ I said.

‘Fuck off,’ he said, a little wider awake.

This, of course, put me in a good mood for the wards.

First on the left was a girl of 12 who had taken an overdose of her mother’s antidepressants. Her father had recently discovered that she had gone to bed with her 19-year-old boyfriend, and had

accordingly informed the police. The boyfriend and some of his mates (as she called them) had come to the house and had broken his legs with baseball bats to encourage him to withdraw the charges.

Next to the young overdoser was a slightly older overdoser, Her ex-husband was giving her trouble again: he had put an axe through her front door the day before. He was not a pleasant man: he had, among other things, locked her in a cupboard for days on end.

‘Once he held me by the ankles out of the eleventh-floor window of our flat, shouting, “What’s it like to die, bitch?”’

‘You didn’t leave him afterwards?’

‘No.’

‘Why not?’

‘I loved him. Besides, I didn’t know no different.’

At first I was incredulous. How could anyone know no different? Then I looked at her address: a tower block to which I had once been called because a resident had abseiled down the front of the building from his flat on the fifteenth floor. It was feared that there was something medically wrong with him. I went up to his flat. He opened the door. All was darkness inside. The rooms were bare and cold, but in the centre of the largest of them was a crude iron brazier, with some dying red embers. The abseiler took cocaine and used all his income to buy it. Now he was burning his furniture to keep warm.

‘Why did you abseil down the building?’ I asked.

‘I wanted to test my escape route,’ he replied, ‘in case of fire.’

No wonder someone in the block considers it perfectly normal to be suspended by the ankles from the eleventh-floor window.

My next patient in the ward had also been locked in a cupboard by her husband – who was a policeman. He wanted to make sure she did not misbehave while he was out on the beat.

‘Why haven’t you left him?’ I asked her.

‘I have, doctor,’ she replied. ‘Lots of times.’

MY FUTILE QUEST FOR IMMORTALITY

I SUPPOSE EVERY scribbler, no matter how much of a hack he may be, secretly harbours a desire for a measure of literary immortality. To be remembered for a book – no, for a sentence or even a single phrase – is a better fate than the complete oblivion in the minds of the still living to which most of us are consigned soon after our deaths.

Well, my recent researches have proved conclusively that literary immortality is not all it's made out to be. If it's fame you want, you're better off with football.

Take Shakespeare, for example. I dare say everyone will agree that he is as immortal as it is possible to be, this side of a cryonics laboratory in California. Yet even in the land of his birth his name does not ring a bell in every mind. Quite the contrary. Last week I was consulted by two pleasant young men, who were clean, polite and law-abiding. They had never truanted from school and, though they were clearly not of giant intellect, they were not of defective intelligence either. I suspected, however, that their formal education had not been rigorous and my suspicions were soon confirmed by a little test.

Neither was able to add 9 to 12, though one was pleased when I told him that his answer, 20, was nearly correct. Their knowledge of geography was limited: neither knew the capital of Russia, and one

thought the capital of Germany was Denmark. Their knowledge of history was not extensive: neither knew when the Second World War started and one thought it finished in the 1950s. Neither knew when the First World War took place, not even to within the nearest 100 years. Neither knew what had happened in 1066. When I asked one of them what he knew of Stalin, he replied, 'I haven't heard of that.'

He had heard of Hitler, however. 'He was a German person who killed all the Jews.'

As to prime ministers, they could name only Mr Major and Mrs Thatcher: they said they were too young to remember any others.

I asked about Shakespeare. Both their brows furrowed, and both denied acquaintance with him. I asked them to think again, to search in the innermost recesses of their minds.

After an intense struggle, one of them muttered, 'He prances about in an outfit, doesn't he?' Having been educated by teachers who believed in the sanctity of self-expression, he was unable to explain himself further. This was the unsmashable atom of his knowledge of Shakespeare.

The other asked for a clue.

'He was a writer,' I said.

'Was he?' said the young man, genuinely surprised. 'I thought he was a composer.'

Finally, something stirred in his mind, as slowly as a tectonic plate. 'Oh yeah, he done all them plays.'

Now what I should like to know is this: how have institutions of learning been created which impart so little knowledge to children in eleven years of tuition? Who is responsible for leaving children with no more bearings in the world than if they had been lowered alone in

a canoe into the vastness of the Pacific? And why have the British people not risen up to slaughter those responsible in their beds, as they so manifestly deserve?

BLOOD ON THE WALLS

I RETURNED HOME recently after a short break away from my patients – any break from my patients is short, of course, however long it may be. I suppose I should not have been surprised or disappointed to discover that in my absence nothing much had changed in the hospital or in the country as a whole, though the underside of the desk in my office had in the meantime acquired some used chewing gum. I should like to inform the ruminant interloper that he may reclaim his property on any weekday between 9 a.m. and 1 p.m.

My first patient was a 17-year-old girl, wearing too much lipstick, who had taken the drug Ecstasy in the sleazy hotel in which Social Services had placed her after she decided that she had had enough of her parent. I asked her what she wanted to do in life.

‘Nothing,’ she said.

Welcome to Britain, I thought.

‘Do you mean there’s nothing you want to do, or you want to do nothing?’ I asked. ‘There’s a slight difference, you know.’

But it was too slight for her comprehension.

‘Well, anyway,’ I said consolingly, ‘I should imagine you’ll achieve your ambition.’

My second patient after my return to these islands was an alcoholic who had been mugged in the city one night the week

before, and had been stabbed all over, apparently for the fun of it. His was a lamentable life story. At the age of nine he was sent to children's homes because his drunken and violent father was considered a threat to his well-being. At the age of 16 he entered on a life of crime, and spent most of the next twenty years in prison. The last ten years had been forensically blameless.

'I didn't mind prison in them days,' he said. 'I weren't afraid of it. I didn't mind being told what to do. In fact I liked it, but I wouldn't like it now.'

Unfortunately, his accretion of wisdom in the intervening years was only marginal. He used his new-found freedom to acquire cirrhosis of the liver.

His brother, a few years younger than he, was an alcoholic also. Four weeks ago, at the age of 38, he died of a cerebral haemorrhage. Since that time, my patient had tried to hang himself and gas himself, he had jumped out of a first-floor window, thus spraining both his ankles, and had taken an overdose twice a week. On the day his brother died, his daughter, aged 17, gave birth to a baby.

'What did you think of that?' I asked.

'I was really proud of her,' he said.

'And what about the father?' I asked.

'Oh, he fucked off.'

'What did you think of him?'

'If I found him I'd punch him in the face.'

'Why?'

'Well, I always thought the blood on the walls and floor in her flat was because of her periods, but it was because he was beating her

up. He used to drink. I didn't know that. My daughter never told me.'

'And your daughter: what does she think?'

'She says she'd like more children. She's really happy with the baby, like.'

I MUST CONFESS THAT I LAUGHED

THERE IS NO DOUBT that Mr Lilley, the Minister for Social Justice, is putting fear into the hearts of the malingering classes. I discovered this while a prominent member of these classes, a patient of mine, aged 56, was explaining to me why it was that he made love to Iris at every opportunity which presented itself, even though she lived in a home, made love to lots of other men, was 60 years old and wouldn't be allowed out again if the nurses discovered what she was doing during her so-called walks.

'I'm not a pervert, I just can't help myself, doctor,' he said. 'Besides, I like it. That's why I knock her off, as they call it. It's natural: you can't stop a bird eating worms.'

But the real reason for his behaviour ran deeper (of course, it always does). The fact was that his wife had never satisfied him sexually, not in thirty-six years of marriage.

'She sits at night with babies' nappies on, you have to take them off before you can do anything. It's not very inviting.'

I was beginning to feel slightly uncomfortable: there are, after all, some confidences of which one would rather not be the repository.

'I want someone to love me like they do on the telly or the films, not like my wife loves me. She just lies on the bed and tells me in the middle of it that there are some cobwebs on the ceiling, or sometimes she mentions Mr Lilley's new system of invalidity benefit

– incapacity benefit, I think he calls it – and it puts me off, like, I get all nervous and I can't go on.'

I must confess that, experienced as I am at listening impassively to the utmost absurdity, I laughed. Until then, I had never thought of government ministers as bromides, rather as soporifics.

'My wife doesn't understand me, doctor,' he continued. 'She doesn't understand my need for sex. That's why I'm always after Iris, I'm just like any other man. And I'd tell her to her face if she was here, in front of you, like.'

I said nothing. With only the faintest of discernible movements, I moved my shirt cuff back so that I could glance at my watch. I suspected that my patient's time was up.

'Only if I don't have the sex what I need, doctor, I begin to get a bit up-pent, and then I spring like a big rat. You're not like me, are you, doctor?'

'Er, no,' I said, reluctant as ever to answer a patient's question.

'I don't suppose you've ever done the opposite of what you really wanted to do, like me. You can control yourself, because you're a doctor. You're not like me, you think before you act.'

'Generally, yes,' I said.

Then he thought of a solution to his problems. He wanted me to admit him to hospital for four years, until he could draw his old-age pension.

'After all,' he said, 'there's patients in that hospital who aren't no worse than what I am. They're like children, only they've got adults' minds.'

FORTUNATELY, A SUBCOMMITTEE WAS APPOINTED

WRONGDOERS AND LAWBREAKERS used to seek sanctuary in the church; nowadays they seek it in the hospital. It isn't only the police they wish to avoid: it is each other. And not surprisingly, for patients of a feather flock together.

A young man took an overdose last week and then, immediately upon his discharge from hospital without having told us why he took the overdose, indeed he got quite shirty when we asked, took another. This time I insisted on having an explanation, which he kindly consented to give me.

He had heard that a local gang was out to get him. As the gang included a man who was at that very moment sought by the police for a murder which he had undoubtedly committed, my patient's anxiety was, as a psychoanalyst would put it, understandable.

'And why does the gang want to get you?' I asked.

'Because my sister keeps telling them that I go round calling them black cunts.'

What? In the multicultural, multiracial Britain of the late 20th century? When – as the Transylvanian peasants asked about the activities of Count Dracula – shall we be free of this evil?

'And I never even called them bastards black cunts.'

'Then why did your sister say that you did?'

'She can't stand me.'

And I have to admit that, superficially at least, he was not an attractive personality. 'She wants me out of the way.'

I admired her brilliant scheme to rid herself of her brother, though I refrained from expressing my admiration to him.

'She's only my half-sister, like.'

'Which half?'

'You what?'

'Do you have the same mother or the same father?'

'I don't know.'

Fortunately it was lunch-time, which brought my investigations of the mating habits of the British to a close. I had to attend an important meeting with the managers.

'It has come to my notice,' said the Deputy Director of Patient Services (whatever they may be), 'that there have been four fires on the wards in the last three weeks. They were started by patients smoking in bed. Eighty per cent of fire deaths in this country are caused by people who smoke in bed. The situation is even more dangerous now than it used to be since...' He paused for a moment, to consider whether it was wise to continue. '...since the installation of the fire doors in the corridors.'

It is true that they are rather stiff and might pose a problem to someone with, say, a stroke or pneumonia.

'We must do something about it.'

'Asbestos sheets,' I muttered.

'Sprinkler systems over the beds,' suggested my colleague to my left. 'Activated by cigarette smoke.'

'Unfortunately, our patients are not always co-operative or understanding. Indeed, when asked to stop smoking in bed, they

often become abusive or threatening. There have been two assaults on the nurses when they were asked to extinguish their cigarettes or go outside to smoke.'

It was then that the solution occurred to me in a flash. Let the punishment fit the crime: an auto-da-fé in front of the hospital. As a fund-raising event it could hardly be bettered: the British have always been rather keen on public executions.

'I have appointed a subcommittee,' said the Deputy Director of Patient Services, interrupting my reverie, 'and asked them to produce a Draft Arson Policy by next week.'

DETERRENCE AND RETRIBUTION *DO* WORK!

EVERY TIME I enter the prison of late I wonder, the feeling of doom upon me, how I myself should survive a prison sentence. I think on the whole that it would not be insupportable on two conditions, the first that I should be innocent of whatever it was that I was charged with (just deserts being so much more burdensome, psychologically speaking, than unjust ones), and the second that I were placed in solitary confinement.

Not everyone would agree, of course: not for nothing is human variety infinite. A patient of mine, released a month ago from prison after a twelve-month stretch, complained that he still sweated heavily at night.

‘I think it’s me nerves, doctor.’

Long acquaintance with the human race made me suspect alcohol.

‘I don’t think so, doctor. I admit I used to drink heavy, but I haven’t had nothing to drink since I left prison – not what you’d call a good drink, like. I’d of thought all the beer would of come out of me by now.’

I asked him how prison had been.

‘Terrible, doctor. It was my first time.’

‘What was terrible?’

‘Knowing you hadn’t of done it, doctor.’

'You were innocent?'

'Yes, but I took the rap and done the time.'

'Did you know who did it?'

'Yes.'

'Why did you take the rap, then?' I asked.

'Well, I know a lot of lads, like, doctor, and you don't grass on them, not to the police.'

'Honour among thieves?'

'Sort of.'

'And what would have happened if you'd grassed on them?'

'I'd of bin in a coffin by now, doctor, or I'd of lost my legs.'

It was reassuring to learn that in some circles of society, at least, the belief in the efficacy and moral justification of deterrence and retribution has not yet quite evaporated.

'There was another banger, doctor,' said my patient.

'Banger?' I enquired.

'A banger, doctor: something what does your head in.'

'And what was it?'

'I was locked up in my cell all day. Nothing to do but look at the walls.'

'Didn't you have anything to read?'

'I can't read and write, doctor.'

I gave him a test. He didn't even know his alphabet.

'I've often thought it would be great to be able to read a newspaper.'

I confess that even my hard heart contracted in sorrow.

'Didn't your teachers ever notice?' I asked.

'I bunked off, doctor. And I always got my classmates to do my work. I wish I hadn't of done it now.'

'Yes,' I said. 'It was a mistake.'

'It's always stopped me getting a job, not being able to read and write – that's why I turned to the life of a villain.'

'Would you like to learn?' I asked.

'I'd love to, doctor.'

I phoned the local adult education office.

'I'll put you through to the department which deals with people with supported learning.'

Was I hearing aright? I think so.

'Hello, I'm Jenny. I deal with people with supported learning.'

I explained my patient's problem.

'And is he abled?'

'Do you mean, can he walk?'

'Yes.'

'In that case, he is abled.'

When I put the phone down, my patient asked whether I thought he might be sweating at night because one of his neighbours was out to get him.

'You see, doctor,' he said, 'he's got a denvetta against me.'

SHE NEEDED TO HAVE BEEN BORN SOMEONE ELSE

I WAS IN CASUALTY last week when a woman who had tried to hang herself was brought in. I do not think her effort was a very concerted one: her four-year-old son managed to stop her before she could kick the stool away. The little hero was then packed off to a neighbour's while mama received medical attention.

I asked her what was wrong.

It was everything.

I asked whether she couldn't be a little more specific.

She said she hadn't seen her boyfriend for a long time.

I asked what he did for a living.

'He's a burglar,' she replied. His more prolonged absences usually denoted a custodial sentence. He was the best man she'd ever met. By this she meant that, alone of her male acquaintance, he did not beat her up. He only shook her hard when he was angry with her.

She had other problems. She and her son lived on the twelfth floor of a tower block. It was miserable living there with so young a child. The people next door were always arguing and slamming doors, the people above played their music so loudly at three in the morning that the people below her thought it was she who was so noisy and were constantly threatening her.

'Your son's father,' I said tentatively and without much hope. 'Does he help?'

'He left me before he knew I was pregnant.'

'Did you want to be pregnant?'

'Yes.'

'Did you know how difficult life would be on your own with a child?'

'Yes, I've had three kids before, doctor.'

'What happened to them?'

'They was took away from me because I come from a broken home.'

More recently, she had made enemies at her local pub. She was anxious about it because a woman had been murdered there not long before.

'I was there one night when the windows went in,' she said.

'The windows went in?' I said.

'Yes, all of them.'

'How did they go in? Was there an earthquake?'

'Someone smashed them, like.'

And what had happened then?

'I don't remember – I'd had a bit to drink. They say I started screaming. The barman said, "Oi you, get out of this effing pub." Then they say that I started on him. He reckons that I showed him up in front of his friends. That's why he came after me and beat me up in the street. He said that when this murder's died down, he's coming for me properly.'

'What's he like, this barman?'

'I've heard he likes hitting women, but when it comes to men he needs a friend or a weapon. He won't fight hand to hand.'

I asked her how she thought I could help her.

'Everything I do seems to fail. I want a new life.'

‘How will you get it?’

‘I want some help with moving.’

That is to say, she wanted me to write to the Housing Department to say that she should be moved for medical reasons (she had asked for a transfer three years ago). I told her that all public housing in the city was the same, and that she should not expect a new life to emerge automatically from such a move.

‘And I need help with my finances. I’ve never been no good with my finances.’

In short she needed a different future, a different present and a different past. She needed to have been born someone else: one of the treatments not available on the NHS.

HE ONLY DRANK FOR SOCIALISM

I REMEMBER AS a child hearing my elders and betters say that accidents, such as plane crashes, come in threes. I still don't know whether they were right, but what I can say with some authority is that maltreated women appear on my ward in threes.

The first of last week's crop was a lady whose boyfriend of two years was the insanely jealous type. He cross-questioned her about where she had been and what she had done, even if she had left the house for only five minutes; he regarded all telephone numbers with the utmost suspicion, searched her bag for evidence of her infidelity and so forth. This behaviour is so common as to be almost normal; but where my patient's boyfriend out-Othelloed Othello, as it were, was in his method of securing her fidelity during his absence for the day. He handcuffed her left wrist to her right ankle. When she told her father, a respectable man, and he protested to the boyfriend, the latter replied in that charming tone of voice which I know so well, 'You don't frighten me. I can pay twenty pounds and have you killed.'

The second maltreated woman was a young Muslim lady whose parents had taken her recently to Pakistan. They had never permitted her to attend school for any length of time, though secretly she wanted to go to university, because they feared it would corrupt her. She attended school only long enough to keep the school inspectors at bay. When she arrived in Pakistan, it was announced

that she was engaged to be married – next day. The groom was a young man brought up in her household whom she had supposed until then to be her brother. In fact, he was her first cousin. When she said she did not want to marry him, her father beat her with a stick and stamped on her chest. Then he almost suffocated her by sitting on her.

She insisted, however, that she would not marry her fiancé. Her father then threatened to divorce her mother, which in the circumstances would have left her destitute and with an abominable public reputation. My patient surrendered to the blackmail.

After the wedding, the happy couple could not make love, as it seemed almost incestuous to them to do so. But the relatives on both sides were aware of this reluctance, and were moreover impatient for an addition to the family, and so they locked them in a room together for ten days. Still nothing happened; the relatives installed a tape-recorder and said that if at the end of a further period they were not satisfied that intercourse had taken place, they would adopt other, sterner measures.

Autres temps, autres mœurs.

And last, though not necessarily least, was an overdoser whose second husband, like her first, was a drunk. She told me how he had one day tried to strangle his stepdaughter, her 15-year-old daughter by her first marriage.

‘That was because you said I fancied her sexually,’ interposed the husband.

‘Then when I tried to stop you, you strangled me. I went unconscious, doctor.’

‘But it was only a one-off.’

‘That’s true, doctor,’ she said in his defence. ‘And he only drinks for socialism.’

Drinkers of the world, unite! You have nothing to lose but your shakes!

I JUST LOSE IT. MY HEAD GOES.

I WAS LISTENING to Radio Three on my way to work last week. It is the only radio station I ever listen to, not only because of the music, but because it is entirely Prime Minister-free. Whenever I hear our leader's voice, I begin to empathise with my patients when they say that their heads just went. If I were to hear the PM while driving, I'm sure I should drive straight into a wall or run someone over. Poor chap, he probably means quite well.

I arrived at my hospital to the sound of a Haydn quartet. I was thinking what a piece of work is a man! How noble in reason! How infinite in faculty! In form, in moving, how express and admirable! In apprehension, how like a god! The beauty of the world! The paragon of animals!

Of course, I deal more with the quintessence of dust end of the market.

Awaiting me in my ward was a young lady who wanted to do herself in with some pills. She changed her mind, and called an ambulance immediately on swallowing them. This is so common a pattern of behaviour that I sometimes wonder whether the instructions on the packet do not tell the purchaser to take twenty of the pills and then dial 999.

She had wanted to die because her boyfriend, whom she loved, left her a few months ago.

'Why did he do that?' I asked.

'He thought I was having an affair with his best friend.'

'And were you?'

'No.'

'Was he the jealous type, then?'

'He was a little possessive.'

'Was he violent? Did he ever, for example, hit you?'

'Not very often.'

'Injure you?'

'Broken ribs.'

'Punch?'

'Kick.'

'You were already on the ground?'

'No, I was standing.'

'Ah, he's martial arts trained.'

'Yes.'

'They always are.'

I tried to encourage her to see his desertion more as a lucky escape than as a catastrophe. Even as we spoke (I said) he was probably bashing her successor in his affections.

'No, he knew he had a problem and wanted counselling for it.'

News travels fast on the concrete jungle telegraph, and who should turn up a couple of hours later but the paragon of animals himself. The hair on his head was shaved, except for a ponytail at the back. In his eyes there was a feral look. He reminded me a little of the cats I had seen as a student of physiology, whose heads were shaved and into the amygdala of whose brains were inserted electrodes which, when stimulated, produced a ferocious but

undirected and meaningless outburst of rage. He had several deep scars on his forehead, from smashing his head against the wall when he was angry and there was no one to hit except himself.

‘I just lose it,’ he said. ‘My head goes.’

I suspected his education had not been altogether a success.

‘I got all my exams and everything,’ he said.

I asked him to read a passage, he having claimed to be able to read fluently. He read several lines with the difficult words left out.

‘What did it mean?’ I asked.

He had no more idea than if it had been written in an ancient holy language whose script he could decipher, but of the meaning of whose words he was completely ignorant – Hebrew, say, or Church Slavonic.

He had passed a public examination in English.

I asked about arithmetic, and he was the second 20-year-old in a week who did not know what arithmetic meant. But he had passed a public examination in maths, he told me.

‘Six times nine?’ I asked.

He was the tenth such youth, not of subnormal intelligence, this month not to have known.

‘I’d have to work it out,’ he said.

When I left the ward, he and his girlfriend were reconciled and were cuddling on the bed.

A VACATION FROM MY MIND

WHY DO PEOPLE turn to crime? It is difficult to meet so many criminals and not to ponder this vitally important question. Last week, as I was reading in the *British Medical Journal* that smokers have been granted legal aid so that they may sue the tobacco companies for all their ailments, I suddenly was in receipt of a blinding illumination into the cause of crime: smoking.

Only a third of the British population smokes, yet virtually 100 per cent of criminals do so. The next time I entered the prison, I checked that my insight was not the result of mere observational bias by asking a few officers for their estimate of the percentage of cons who smoked. All of them had difficulty recollecting any who didn't. And what is more, they all smoked before they ever came to prison.

Sceptics among my readers might object that, since both smokers and criminals are drawn predominantly from the lower classes, the association between smoking and crime is merely an effect of social class. To which I reply the following:

The statistical association between smoking and crime is much stronger and more exact than that between social class and crime, ergo social class has nothing to do with it and in any case, it is much more plausible that indulgence in an expensive habit such as

smoking should cause poverty than that poverty should cause an expensive habit such as smoking.

Of course, a scientific pioneer such as myself does not expect to be believed straight away: did they not mock Mesmer and Gall (the founder of phrenology)? But let me assure any householder who has been burgled and is eligible for legal aid that I am prepared to appear on his behalf as an expert witness (legal aid fees £500 per day, plus travel and other reasonable expenses) if he sues the tobacco companies for having promoted burglary through smoking. I also have a friend who is willing to appear, two opinions being better than one.

Contrary to what the layman might expect, flashes of illumination such as mine are very tiring. As soon as it had been vouchsafed me, I felt I wanted to go to sleep. I understood at last what the mother of a patient of mine, a very studious boy, meant when she told him it was bad for him to think so much because he might wear his brain out.

Another of my patients, rather less studious, asked me whether he could have something to make him relax.

'I don't want to think no more, doctor. I could do with a vacation from my mind.'

But to return to the question of legal aid. There is obviously no end to the suits which could justifiably be brought. For example, last week in the prison a newly remanded burglar came into my room clutching his arm, which had been rather badly bitten.

'I'm told I could sue the police for this,' he said, waving his arm in front of me like a trophy.

'Why?' I asked.

'It was a police dog what done it.'

'And what were you doing?'

'Running away.'

HIS LAWYER WONDERED, AT PUBLIC EXPENSE

I VISITED A DIFFERENT prison last week, situated in one of those small, ancient and delightful English cathedral cities, where all the youths suffer from acne, look stupid and take amphetamines, and where the architectural prospect was modernised and improved during the 1960s and 1970s by the construction and artful placement of a concrete multistorey car park and a tower block or two.

I went by train, for I have reached a time of life when to drive long distances is irksome to me. In theory, at least, one can read on the train, or could if it weren't for the chatter of other passengers. All small talk is small, of course, but that of passengers on British Rail is positively microscopic.

On my arrival at the station at which, according to the conductor, 'this train terminates' (which for some reason put me in mind of Arnold Schwarzenegger), I could not help but notice the general tenor of the first four posters which I passed as I walked along the platform. They seemed to be in ascending order of seriousness.

The first of them asked how you would look if you were caught travelling on a train without a ticket.

The second drew attention to the existence of the British Transport Police, 'Serving the Railway Community'.

The third warned prospective assaulters of British Rail staff that if they acted upon their nefarious inclinations, they might get a heavy

fine or imprisonment (or, knowing the courts these days as I do, neither).

And, finally, there was a minatory exhortation in red lettering:

‘BOMBS – BE ALERT.’

Whether it was the bombs or the public who were thus enjoined to caution was not stated.

Evidently, this cathedral city was an evil place.

And of course it was a grievous bodily harmer whom I had come to see. His lawyer had wondered (at public expense, naturally) whether his violence could be construed as an epileptic, and therefore medical, phenomenon.

‘I’ll just produce the body for you, sir,’ said a prison officer, which was prison argot for telling the prisoner to enter my room.

I was surprised by the young man’s diminutive size: he seemed too small to have harmed anyone. However, like Douglas Bader, he had overcome his disability by sheer will-power. Not that he admitted that he was by nature violent: only a handful of his many offences had involved violence. Besides, he said somewhat contradicting himself), what else could you expect coming from his environment?

He had a point. His father was drunken and aggressive, and had been in jug himself. As for his school, he was bullied there because of his small size and because he came from a different council estate from the rest of the pupils – if that is quite the word for them. Every week he was dragged across the playground by the hair, and

once the biggest bully in the school announced that he was going to give him a 'posting'.

'What's that?' I asked naively.

'They take you and ram your balls against a post.'

'What did you do?'

'I head-butted him.'

'What happened then?'

'I had to see the headmaster.'

'What did he say?'

'He said it was about time.'

His latest offence was different, however. He had been rat-arsed, he said, at what the lawyers call the material time. He hadn't meant to put his victim into the intensive care unit of the local hospital for several weeks.

'Him and me was mates. It just happened, like.'

TREATING GAS GANGRENE WITH HYPNOTHERAPY

THEY SAY THAT love is blind, but round here it's a deaf mute as well. Perhaps that's just as well, considering the sensory experience available to most of the local population.

I walked on to the ward last week to find it full of overdosers. One of them was a pretty young woman. I asked her why she'd done it.

'Life in general,' she said, poutingly. 'It's got on top of me.'

Long experience has taught me that Hell is in the detail. And to those who seek the cause of a woman's misery, I offer the following maxim: cherchez l'homme. The man in question had been released from prison two months earlier, after a two-year sentence for having carried on what she called 'his trade', namely demanding money with menaces. I asked whether he had ever been violent towards her.

'A few times, yes,' she said.

'Has he ever injured you seriously?' I asked.

'Once he put my head through a glass door and rubbed my neck on the broken bits. My blood vessels was cut, they thought I wouldn't live. I was in hospital for five weeks afterwards.'

'The police were not involved? They knew nothing about it?'

'No.'

'And you still love him?'

'Well, yes I do. I'm no angel, doctor, I've even attacked him with a knife.'

'Is he jealous and possessive, by any chance?'

'Yes, very.'

'So of course he's asking you what you did while he was in prison?'

'Yes, he's asking me all the time, he never believes what I tell him. It's driving me mad.'

'He accuses you?'

'Yes.'

'And doesn't allow you out on your own?'

'Yes. And he doesn't like it if I talk to other men.'

'And he asks you where you've been and what you've done?'

'Yes.'

'And does he say, "If you tell me the truth about the time I was in prison, I won't ask you again, and I'll treat you as if nothing happened"?''

'Yes.'

'Can I give you a word of advice? Confess to nothing, admit nothing. Don't fall for the idea that if you tell him something, it'll clear the atmosphere. He'll kill you instead.'

'I know that, doctor, I'm not that stupid.'

I had no more questions. She asked me whether she needed counselling.

'Yes, if someone with gas gangrene needs hypnotherapy.'

I was about to leave her when she asked me to stay.

'I had an abortion just before he come out of prison, doctor. It wasn't his, of course.'

'Of course.'

‘But now I need the six-week examination afterwards, and I can’t go to my own doctor.’

‘Why not?’

‘Because he’d come with me and ask what it was for.’

‘So you want it in the hospital?’

‘If it’s possible, doctor.’

‘And that’s why you took the overdose? So that you could have an examination while he’s not here?’

‘That’s right, doctor. You see, it hurts when I make love to him.’

As I walked away from her bed, I realised that I had heard a subtle argument in favour of conjugal visits for prisoners. And then a few lines from Emily Dickinson ran through my head:

Tell all the Truth but tell it slant –

Success in Circuit lies –

Too bright for our infirm Delight

The Truth’s superb surprise.

HIS MISSIS WAS WINDING HIM UP

IT HAS LONG been denied by many eminent people, professors among them, that there is any philosophical justification whatever for the practice of punishment. I do not count myself as altogether a sadist, but this view of the ethical impermissibility of punishment, based no doubt on the patently false premise of the natural goodness of man, seems to me absurd. It is fear, after all, which makes the world go round.

The police, alas, have gone over in their entirety to the psychotherapeutic view of life, namely that to understand all is to heal all. The line dividing the police from psychotherapists is now a fine one: they are social workers in uniform.

A patient of mine, a woman in her thirties, was recently mugged by two schoolboys aged 14. In the process she received minor injuries: cuts and bruises. Amazingly, the police caught the two giant brats, and gave them what is now the standard admonishment not to repeat their behaviour.

A week later, my patient found herself the object of unsolicited attentions. First the school from which the two brats truanted sent her some flowers; then the police sent several computerised letters which commiserated with her.

Dear Sir/Madam,

I understand that you have been the victim of a crime.

I am therefore enclosing literature appertaining to your particular crime...

Although this letter has been sent to you as a result of you unfortunately becoming a victim of crime the police service understands the importance of crime prevention...

An enclosed leaflet informed her of the various services available, because the police 'wishes to do all in its power to help victims of crime by providing a quality service that meets your needs':

CRIME DESK

HELP DESK

INTELLIGENCE DESK

KEY CONTACT FOR VICTIM SUPPORT SERVICES

COMMUNITY SERVICES UNIT

It would be tedious to reproduce the whole leaflet. Suffice it to say that a Crime Desk is 'a single centre which reports and records the incidents of crime over the telephone and permits the opportunity to more accurately assess the right resource to respond effectively'. In the absence of punishment of the offenders, who were after all caught red-handed, my patient considered that the flowers and the mock-compassionate police leaflets were not merely beside the

point, but deeply condescending and even insulting. She wanted action against the two big little bastards, not flowers and a computer's sympathy.

But punishment has its limits. My next patient was a member of the tattooed classes, whose ambition was to leave no inch of his epidermis unimproved by art. He told me how he had gone down with a mate to a pub frequented by students the night before to look for a fight, and how between them they had beaten up four of them. As for his missis, who lived in the flat below his, she was winding him up by seeing another bloke, and was looking for a smack in the teef. She deserved it, because she had once given him a smack in the mouf.

'Where are you going now?' I asked him as he left.

'I'm going to get my eye pierced.'

I shrank in horror, but he explained that it was his eyebrow that he meant. He wanted a ring through it.

'I've already done my nipples myself,' he added by way of explanation.

THE LIFE-BLOOD OF HYPOCHONDRIASIS

I ONCE READ a book by a philosopher in which it was maintained that there was no drug yet in existence so powerful in its addictive properties that it could be said truly to remove the ability of a man to act in accordance with his own will. Thus, addiction was essentially a moral problem after all, despite the attempts by social workers, psychiatrists and other verminous do-gooders to persuade us otherwise.

There is, however, one thing known to me which is so utterly addictive that it confounds all human attempts to counteract its effects. I refer, of course, to the payment of Sickness Benefit, the very life-blood (to change the metaphor slightly) of hypochondriasis.

How many invalids has it created, how many new and incurable illnesses has it spawned! The arrival of smallpox in the New World was scarcely more devastating in its effect on the health of the population. The British have as little resistance to the Sickness Benefit sickness as the Indians to smallpox, and the only effective vaccine against it so far discovered is self-employment.

Last week, one of my chronics announced as he came through the door that he was 'covered in arthritis'. That was why he had to spend so much on paracetamols. It was a scandal that sufferers such as he should have to pay, when he could name twenty

scroungers in his road alone who received more benefits than he, and they weren't even ill.

'Do you know S- Street?' he continued rhetorically. 'Well, it's right next to the hospital, and there's no buses what go down there anyhow. But I know a woman what lives down there called Milly what claims bus fare off the Social every time she goes down the hospital.'

Ah, what wonderful informers and petty spies for a dictatorship the British would make! They'd deliver up their neighbours to the torture chambers of the secret police just for the pleasure of it, let alone for payment.

One of my patient's symptoms of chronic infirmity was his insatiable need for sex.

'I even have to go down the Golden Eagle and wait for hours till Maggie comes out. She's a bit simple and she'll do it for almost nothing, a couple of fags, like. Mind you, I once nearly got into trouble. There was a notice in the pub which said if you needed sex you could call Gladys, so I did. I was young then and desperate for sex – like I am now. Gladys told me to meet her somewhere and I went, but when I arrived Gladys was working for the CID and they took me down the station. They let me off with a warning, though.'

Suddenly he grew anxious.

'You don't think I'm a finger-ache kind of person, do you, doctor?'

'What's that?'

'Someone who won't work just because he's got an ache in his finger.'

'Oh, no,' I said.

‘Because I don’t consider myself a fraud. I just can’t control my nerves, that’s all. I wanted to be like my father and go to work every day. I doted myself on him.’

‘Yes,’ I said. ‘I’m sure.’

A frown passed over his face like a cloud over the sun.

‘But if the Social ask me to have a medical to see if I can work, I’m not having one. I’ll take a hammer and some petrol with me.’

I smiled as I thought of him hammering his petrol alight.

‘I’m serious, doctor, I’d really do it.’ He got up to leave. ‘Can I have a sick note, please?’

‘Of course.’

But what to put in the space for Reason for absence from work?

Satyriasis?

HIS NEXT SPELL OF FREEDOM WAS BRIEF

ACCORDING TO THE late Sir Karl Popper, one could never prove that one's scientific theories were correct, only that, for the moment, they were not incorrect.

Obviously, he had never met prisoner Williams.

My hypothesis, recorded in the prison medical notes some three years back when first I came across Williams, was that he would be back in prison very shortly after his release. Here is what I so prophetically wrote:

Williams says he is a burglar because he needs the money. Since it is unlikely that his economic prospects will have improved since his last spell of freedom, his next spell of freedom will probably also be brief.

Sure enough, here was Williams again, asking for the same sleeping tablets because of his inability to sleep – 'It's my main problem, doctor' – though I must admit he looked a little older, and he thought so too.

'Me 'air's fallen out, doctor, with the worry.'

He was also minus a few teeth, though I failed to enquire as to whether they fell or were pushed.

‘How long did you manage to stay on the out this time?’ I asked.

‘Seven days.’

‘And what are you charged with?’

‘Two attempted, one going equipped and two Section 18s.’

The attempted, perhaps I should explain, were attempted burglaries, while the going equipped entailed apprehension before he even got as far as the attempting.

‘Not bad for seven days,’ I said. ‘What are you pleading?’

‘Guilty on the attempted and going equipped. Mind you, I never took nothing.’

‘But you would have done, if you hadn’t been caught.’

‘Oh yeah, of course.’

‘And the Section 18s?’

‘Not guilty,’ he said, in a tone of injured innocence. ‘They was only Section 47s. If they was only trying to pin 47s on me, I’d go guilty.’

An explanation for the uninitiated in the technicalities of the law of assault as laid down in the Offences Against the Person Act of 1861: the former (GBH) is very much more serious an offence than the latter (ABH), and carries a stiff sentence.

‘I only slapped them about a bit. She wasn’t even injured, except for a small cut.’

‘Who?’

‘Me missis. When I came out of prison she introduced me to this bloke, and I shook his hand and had a drink with him in the pub, but then I discovered that she was messing about with him, like. Everyone was laughing at me, so I asked her about it.’

‘What happened?’

‘She was giving me Miss Cocky, so I gave her a smack on the mouth.’

I tried to get him to see the problem from her point of view: a burglar who spent most of his life in prison was not much of a husband.

‘She used to help me on the burglaries, but I always took the rap for her. Last time, I took four TICs off the police if they’d let her go.’

Taken into Considerations (TICs) are the means, roughly speaking, by which known criminals admit to offences they didn’t do, in order for the police to clear up crimes they can’t solve. As for the police’s contention that his assault had been a serious one, it was laughable.

‘I even went with her to the ’ospital.’

‘She had to go to hospital, then?’

‘She had a black eye. They kept her in overnight but discharged her first thing next morning. The police are saying it was concussion.’

THE HIERARCHY OF MADNESS

MY READERS – if I have any – will be pleased to hear that the infantilisation of the British public proceeds apace (I hesitate to add, according to plan).

I was sitting in out-patients last week waiting (in vain, as it transpired) for the arrival of Mr B who had a three o'clock appointment with me. Mr B had been fulsome, indeed obsequious, in his praise of the care he had received while an in-patient, and his thanks had stuck to me as tenaciously and made me feel as unclean as the spittle of a score of drunks in casualty.

It was while I was waiting for him that Sister – who these days is probably called the Manager of Something or Another – delivered to me a short circular from someone further up the hierarchy of madness. It concerned the recent appointment of DNA Registry Officers.

Now DNA in this context has nothing to do with deoxyribonucleic acid, the manipulation of whose double helix will one day, in the words of a Nigerian witchdoctor with reference to infertility among women, make the impossible to be possible. No, DNA with regard to out-patients means Did Not Attend: the Mr Bs of this world, of whom there are many. The task of the DNA Registry Officers will be to call up out-patients the evening before their appointment to ask them whether they mean to keep them. The purpose of this, said the

circular, is 'to decide about the planning of the care of those who do not intend to attend'.

Plan their care! Plan their punishment would be more like it! I should be all in favour of DNA registry Officers – the more the better, nearly a third of patients don't turn up, after all – if we were to send in the Hospital Security boys afterwards, to drag defaulters by force from their homes to the entrance of the hospital. There, for a first offence, they would undergo public degradation: for example, they would have their social security or child benefit books ceremonially torn up in front of them by angry, purple-faced consultants.

For second offences, they would be placed in the stocks and pelted with National Health sandwiches (especially sardine), propelled by righteous patients who had arrived on time for their appointments, and thus had earned the delightful privilege. This would doubtless have the advantage of encouraging punctuality among the ill.

For a third offence, defaulters would be publicly bastinadoed by physiotherapists. A day a week would be set aside for this purpose, and the hospital would improve its finances by selling seats for the show. The only problem, I suspect, would be an insufficiency of such seats, which might lead to some slight public disorder.

But punishment of defaulters was the last thing the hospital management had in mind when it sent this circular round to us. On the contrary: the circular said that the DNA Registry Officers would 'concentrate on' those physicians whose clinics had a DNA rate of more than 25 per cent. That's right, I thought, blame the poor old doctor again for the delinquency of his patients! Was there ever a more flagrant case of blaming the victim?

WORKING FOR A BETTER TOMORROW

I AM NOT exactly an ardent follower of Freud, but there is no doubt that he sometimes had a profound insight into the nature of things, as when he observed that, in his experience, most men were trash. My only objection to this formulation is its mealy-mouthedness: scum would have been more accurate.

Nowhere is this great truth more evident than on Saturday nights in the casualty departments of our general hospitals, to one of which I was called only last weekend. The patient who allegedly required my attention was being held face down on a trolley by two policemen, his arms pinned behind his back and his legs immobilised.

‘Good evening,’ I said. ‘I’m Dr Dalrymple.’

‘I’m not answering no questions until you get these fucking pigs off of me.’

I looked at the two policemen, who were wearing surgical gloves in case their client (as those who are detained against their will are called these days) had some terrible disease.

‘The last time we let him go, doctor, he started to hit the walls. He said there was little green men coming out of them and he was trying to kill them.’

‘Little green men,’ I repeated.

They were, in fact, about the same colour as the pool of vomitus which was on the floor directly below the client's head.

Now I ask you, is this the company a cultured man such as I should be obliged to keep?

I don't want to be accused of class prejudice, however, so I shall draw my next example from the class to which doctors increasingly belong: that of minor state functionaries.

A young patient of mine, of admittedly modest intellectual and cultural attainments, decided he wished to leave home and applied to the council (Working for a better tomorrow, as the mission statement at the bottom of its stationery puts it) for a flat. His mother, he said, hated him, and had threatened several times that she would kill him one day. This was not an idle threat: she had several convictions for assault.

Public housing being in short supply, it is allocated according to need: need, that is, as estimated by bureaucrats. So when my patient told the housing officer that he had to leave home to avoid being murdered by his mother, the officer agreed it was an emergency.

All he required before allocating him a flat, therefore, was confirmation in writing from his mother that she intended to kill him at some time in the near future.

Journalists are just the same. Another patient of mine, a very deserving case, who had worked hard all her life before becoming paralysed from the waist down, was so tired of fruitlessly asking for help from her district council that she called her local newspaper. The gentleman from the fourth estate visited, and asked whether she had been given a date yet.

'A date for what?' my patient asked.

'When you're going to die,' replied the journalist.

'No, I'm paralysed, that's all. They haven't said I'm dying.'

That's a pity,' said the scribbler. 'Nothing personal, but the readers won't be interested in someone who's only paralysed and isn't dying.'

'I'm sorry, but when I've got a firm date, I'll give you a ring.'

No, ladies and gentlemen, there's no getting away from it: people are trash, to put it mildly.

DALRYMPLE'S SYNDROME

MEDICAL TEXTBOOKS, even the longest and most pedantic of them, often have curious lacunae. For example, you may search in vain in the index of any of them for a diagnosis which the facts of the case sometimes force upon me, namely that of Cold-hearted Blackguard, which I hope will one day be known to medical science as Dalrymple's Syndrome.

Whether these Blackguards are born or made is a question which is as yet unresolved by even the most sophisticated of research. What is beyond dispute is their existence.

Take last Tuesday. I went into the prison to examine two prisoners on remand for crimes of some magnitude. The first was an attempted murder – and these days you have bloody nearly to succeed to be charged with such a crime, otherwise the charge is reduced to common assault and the matter dropped altogether. Filling in the forms is so tiresome for the police.

'Did you get into trouble at school?' I asked the would-be slayer, as part of my assessment of his character.

'Only the normal theft,' he replied.

'Only the normal theft,' I repeated.

'Yes,' he said, looking at me as if I were being a little slow.

'Tell me,' I asked after a slight pause, 'what is abnormal theft?'

'You what?'

‘Abnormal theft. What is abnormal theft? If you say that your theft was normal, you must have a conception of what constitutes abnormal theft.’

‘I mean I just took a few bicycles,’ he said, by now slightly rattled.

Normal: what do we mean by it in fact? There is the statistician’s normal: that is to say, what falls within the range of what 95 per cent of people are or do. Then there is the ideal normal: what we would like people to be or to do. Needless to say, in practice the two normals diverge somewhat.

My second patient was a bugger, both literally and figuratively. Buggery, in fact, was what he was charged with: I didn’t know they bothered with legal proceedings these days. But the circumstances were horrific and his wife had pressed charges.

‘How,’ I asked, ‘did you make your wife submit to you?’

‘I threatened to kill her,’ he said. His tone was entirely matter-of-fact.

‘Why did you do that?’

Here I must interrupt my narrative briefly to explain that my patient had been to a counsellor twice a week since his arrest.

‘It all goes back to my childhood,’ he said.

‘How so?’ I asked.

‘Well, doctor, my father was a drunkard and he used to beat up my mum, so I learned to hate all men.’

I confessed that I didn’t see the connection yet.

‘Well, doctor. I was ’orrible to my wife so that she would ’ate my father, like my mother ’ated ’im.’

‘It couldn’t just have been that you were drunk yourself at the time?’

‘But it was the weekend, doctor.’

‘What has that to do with it?’

‘I drank more then, just like my father.’

‘Wasn’t that because you had a job and you couldn’t drink the rest of the week? Just like most people, in fact, including your father and me?’

He looked at me with the malevolence of a spitting cobra.

‘I don’t need this,’ he said, getting up to go.

Sigmund! Thou shouldst be living at this hour: Felons have need of thee.

HE BLAMED HIS PARENTS

IS LIFE WORTH living? Not in the opinion of one of my patients. He referred to the case of a British murderer recently executed in Georgia.

‘That bloke in the electric chair – I would have swapped places with him any time, doctor. He should have tried my life. At least his torture only lasted a few seconds or minutes: mine’s lasted for years.’

‘Come, come,’ I expostulated mildly.

‘You don’t think I could swap next time they put someone in the electric chair, do you?’

‘You mean a kind of international cultural exchange?’

‘I’d be better off dead.’

‘I don’t think such an exchange would be possible.’

‘I suppose it’s because of the ethics you take.’

For some reason, an image of a tin of Andrews’ Liver Salts appeared in my mind’s eye.

‘If can’t be dead, I’d be better off in a home, doctor.’

‘Why?’ I asked.

‘People in homes don’t have to do the washing up. I live with my wife – I don’t see what we’re gaining by living alone. Sometimes I have these outbursts with her, they get on my nerves, those outbursts, and there comes a time when I start throwing things about

the house. I change colour when I get an outburst: it's a purple blotchy kind of feeling, like as if you've got hyperthermia.'

'Oh dear,' I said.

'Yes,' he continued, 'and people in homes don't get no trouble off the neighbours, neither.'

'What trouble?'

'Well, I was going to report them to the police under the Dangerous Dogs Act. Only I didn't because people like them, they don't do nothing at first, but then all of a sudden your windows are broke, and then they bring their dog and make it crap on your path.'

'How do they do that?' I asked.

'Train it, I suppose. You can train a dog to do anything.'

'I don't think so,' I said.

'These irritations may not bother you, doctor, but they bother me. With people like me you don't know how long you can go without an outburst. I should have clinical help. I mean, some people take a shotgun and shoot their neighbours over the hedge.'

'But you wouldn't do anything like that?'

'No. But just because I've got a place of my own doesn't mean I'm going to run it. I've done enough in my life while others have been lying about doing nothing. People don't understand depression – they just say pull yourself together, feed the cat, open the window, and you'll be all right. I want to go in a home.'

'You're a bit young for it,' I said.

'But things get on top of me, like the shopping. Sometimes I feel like getting all the shopping and throwing it around the supermarket.'

'I shouldn't do that,' I said.

'My problem's I'm too timid. If anybody speaks to me I crouch down like a snail. I blame my parents, it's them what made me timid. I even had to go to night school to learn how to speak. When my father took me to the barber he said if you don't behave the barber'll cut your head off. I took him serious.'

'He didn't mean it, I'm sure.'

'Yes, but I didn't know that. Being timid's why I want to kill myself, if I get the chance.'

I looked down at the floor. By my right foot I noticed a little box, put there overnight by the cleaner. It said: 'Rodent bait. Do not touch.'

With a deft movement, I covered it over with a newspaper.

THE PRINCIPLES OF MANAGEMENT

IT WAS A SPOONFUL of tea in which he had let soak a morsel of madeleine which stimulated the efflorescence of Proust's memory. What, in later life, will have the same effect on me? It will be a smell, an utterly characteristic smell which, once experienced, is never forgotten, and which would open the floodgates of memory in any retired doctor. I refer, of course, to the smell of casualty on a Saturday night, where the air is a stale exhalation of beer, blood and vomit.

Last weekend may have been one of the last occasions when I inspired this gaseous nectar, for two reasons: first I have decided to retire, and second there is a possibility that our hospital will be closed in the near future as an economy measure. After all, if you don't do anything, you can't be accused of inefficiency. Likewise, if there are no out-patient facilities, you can't keep anyone waiting.

The smell was everywhere in the casualty department last Saturday, but was particularly strong in the vicinity of my patient, a youth who had got drunk, vomited and then decided to end it all by cutting his wrists on a number 7 bus, no doubt to the disgust of the other passengers. When I reached him, he was asleep on his trolley. I nudged him awake and wished him good evening, whereupon he belched like the volcanic lake in Cameroon, whose sudden

eructation of poisonous gases was responsible for hundreds of deaths.

As for the long-standing rumours that our hospital might close, I first realised they were not entirely without foundation when the whole of the out-patient block was expensively redecorated. This is what boxers and military strategists alike (I believe) call a feint. Everyone says something like, 'Now they've spent so much money on us, they can't possibly close us down.'

The fools! What do they know of the principles of management? Is it not clear that the way to close down an establishment with the minimum of preliminary fuss is to make everyone who works in it believe that the establishment is sempiternal, and what better way to make them believe that than to refurbish it from top to bottom? A proceeding which appears at first sight to be diabolically incompetent is in fact diabolically cunning.

Of course, in some places the old one-two routine (refurbishment, then closure) doesn't work any more: people eventually grow wise to it. So it has become necessary in the National Health Service to devise a rather more elaborate manoeuvre. A friend of mine, a consultant, reports how even he was taken in lately by the construction of an entirely new hospital wing. Admittedly, it looked a little like a Pizza Hut restaurant, as do all recently erected British buildings, but there was no mistaking the fact that a lot of money had been spent on it.

It came as a shock to him, then, when it was announced that, as an economy measure, the new wing was to be closed down a mere three months after it had opened. Once the shock had abated, however, he was lost in natural admiration. What perspicacity! What

foresight! What daring! It is only when one hears such a story that one realises that management is not the mere exercise of common sense, but an art and a science, like medicine itself.

THE DIFFERENCE BETWEEN MAN AND ANIMAL

THE LILIES OF the field, which neither toil nor spin, enjoy one decisive advantage: they photosynthesise. This means that they have only to put forth leaves into the sunlight and the carbon dioxide to be assured of a decent living.

Man, alas, must work to live; and even the unemployed have to visit the Department of Social Security, which is undoubtedly labour of a kind (our local office is like a battleground).

It is unusual to come across someone from the inner city who takes literally Christ's injunction to spare no thought for the morrow, but over the past few weeks I have been seeing a man who did just that, with consequences which he now considers disastrous.

His parents were religious, in a narrow sectarian way, and early instilled in him a horror of pleasure and a crushing sense of guilt. Happiness was theologically suspect, and from the age of eight he began to have nightmares that he had committed the sin which was without forgiveness, either in this world or the next.

Nevertheless, he was destined for a normal and respectable career. He wanted to be a teacher, like his parents.

At college, however, he had a religious crisis. One Sunday he went to church and realised that no one in the congregation was following Christ's teaching to the letter. He went out, sold his car, his stereo equipment and his camera, and gave the proceeds away.

Unfortunately, he soon discovered that it is not easy to be a lily of the field in a slum. News of his generosity spread fast and he was quickly inundated by requests for funds from alcoholics, drug addicts and the like.

When the funds ran out, requests were followed by threats, and threats by bricks through the window. Before long, he moved out of his flat, persuading himself that he was doing so to be more like unto the birds of the air.

Now, ten years later, he reinterpreted his motive as sheer cowardice. Thenceforth, he lived peripatetically, a night with a friend here, a night in a doorway there. He so despised the world and its ways of compromise that he refused even to go to the dentist, and his teeth fell out. He spent his days chatting with down-and-outs, the unemployed, the flotsam and jetsam who inhabit slum cafes, whom he took for the meek of the Sermon on the Mount, and he considered himself morally superior to all those impure beings who sullied their souls by working for lucre in Thatcher's Britain. Ten years later, he reinterpreted his behaviour as arrogance and laziness.

Now, after all this time, he had seen the error of his ways, and wanted to rejoin society. I gave him Edmund Gosse's *Father and Son* to read, but he found it too painfully apposite to complete. Every week, we wrestle in my consulting room with the philosophical question of how a man should act. True to his upbringing, he believes himself beyond redemption. I tell him that the difference between a man and an animal is that a man constantly reinvents himself. And, in part, I believe it.

MORE FROM MONDAY BOOKS

Thank you for buying and reading *If Symptoms Persist* - we hope you enjoyed it. As a small family publishing company we rely on word-of-mouth recommendations so please tell your friends and family about the book.

You might also like some of the other titles published by Monday Books and available from Amazon on Kindle. Please read on or log on to www.mondaybooks.com for more information.

Monday Books has recently republished four of Theodore Dalrymple's earliest books as eBooks.

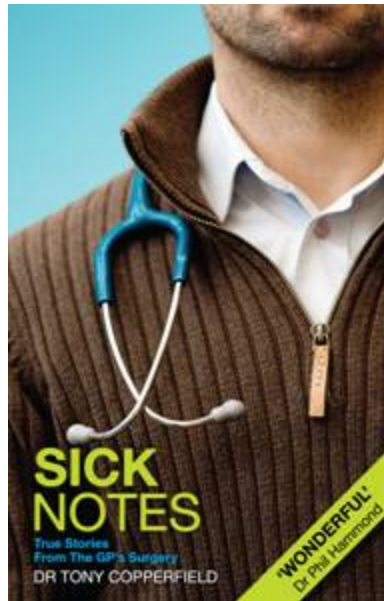
[Fool or Physician](#), was the second book Dalrymple wrote and is his most personal. He writes about his early career as a doctor – giving his fans some insight into his past – detailing his reluctant entry into medical school ('I specialised in doing and knowing the least necessary to pass the examinations'), his earliest ventures in medicine in a small midlands town and his subsequent work overseas when, bored almost to tears by life in the NHS, he travels first to the then-Rhodesia and apartheid South Africa and later to the Gilbert Islands, a pacific paradise brimming with drunken expatriates, eccentrics and lunatics.

As ever, doctoring was the key to a door, on the other side of which was a different, more interesting life.

In [*The Wilder Shores of Marx: Journeys in a Vanishing World*](#), Dalrymple recounts his experiences of travelling to five communist countries. His curiosity and wanderlust led him to Albania, North Korea, Romania, Vietnam and Cuba. He writes about the people he met on his travels and how their ideas determine their behaviour and how the countries' politics have shaped the lives of the people who live there.

[*Monrovia Mon Amour: A Visit to Liberia*](#) gives Dalrymple the opportunity to explore Liberia's history. He visited the country in 1991, during a lull in the civil war, which enabled him to see for himself the aftermath of the violence. He found a ransacked city – almost every building was in ruins, burnt-out cars littered the streets and even doors and window frames had been removed for firewood. It leads the author to question the fragility of civilization.

[*Zanzibar to Timbuktu*](#) is an account of Dalrymple's experiences in Tanzania where he came "to the grimmest possible conclusion about Africa's future". In search of some cause for hope he set out to travel home across the continent by train, bus, lorry, boat and canoe. With his usual clarity he catalogues the oppression, corruption, ignorance and poverty he finds. In the end it is in his good humoured and pragmatic travelling companions that he finds hope for the future. He concludes that the only quality that sustains Africans in the face of poverty and hopelessness is their innate cheerfulness.



SICK NOTES

True Stories from the GP's Surgery.

'We wanted to thank you for all you did for mum over the last 14 years,' said Mrs Cobham.

Excitedly, I peered into the plastic bag. Inside was one small loaf of sliced bread.

'Er...' I stammered. 'Well, that's lovely.'

She nodded and smiled. 'It was the least we could do, doctor,' she said.

Welcome to the bizarre world of Tony Copperfield, family doctor. He spends his days fending off anxious mums, elderly sex maniacs and hopeless hypochondriacs.

The rest of his time is taken up sparring with colleagues, battling bureaucrats and banging his head against the brick wall of the NHS. If you've ever wondered what your GP is really thinking - and what's going on behind the scenes at your surgery - Sick Notes is for you.

'A wonderful book, funny and insightful in equal measure.'

Dr Phil Hammond, *Private Eye's* MD

'Copperfield is simply fantastic, unbelievably funny and improbably wise... everything he writes is truer than fact.'

British Medical Journal.

'A mix of the hilarious, the mundane and the poignant. Dr Copperfield reveals what goes on behind those surgery doors.'

The Daily Mail



DIARY OF AN ON-CALL GIRL

The tapes are on, the interview begins, and I ask my standard opening question: 'Do you understand why you have been arrested?' Believe it or not, sometimes these words alone can prompt a confused confession.

'I ain't been arrested,' says Shimona.

Not exactly a confession.

'Well, you have, because you're here.'

'I was never arrested, though. No-one never put no handcuffs on me.'

I put down my pen. Somehow, I don't think this is going to be the level of interview for which I need to make notes.

'You actually don't need to be handcuffed to be under arrest,' I say.

'Yeah, I do. Right, Sonia?'

Sonia nods emphatically. 'You do need it, me Ma said so.'

In an attempt to steer the interview back on track, I look down at PC Cansat's statement. 'Look, it says here, "I then said to Shimona O'Milligan, 'I am arresting you on suspicion of assault and criminal damage.' I cautioned her to which she replied, 'Whatever'." Does that ring any bells?'

Shimona titters. Then she gets serious again. 'Does he say he handcuffed me, though? Cos he's a liar.'

'No, he says he arrested you.'

'Well, I wasn't listening.'

'This may surprise you,' I say, 'but you can be arrested even if you aren't listening.'

'No, you can't. Not if you're inside a house. I know the law.'

If there is one thing I like more than a gobby teenager, it is a gobby teenager who knows the law.

'Shimona, you are going to have to take my word for the fact that you were brought here under arrest and you are still under arrest now. Let's move on.'

'Whatever.'

PC Bloggs is a serving British police officer and *Diary of an On-call Girl* is a true account of her working life.

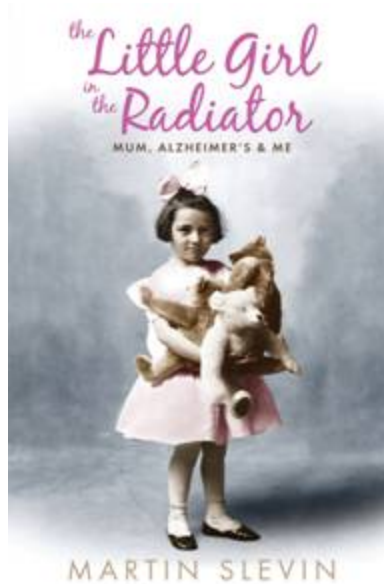
'Think Belle de Jour meets The Bill ... sarky sarges, missing panda cars and wayward MOPS (members of the public).'

The Guardian

‘Part Orwell, part Kafka and part Trisha’

The Mail on Sunday

Diary of an On-Call Girl was dramatised for *BBC Radio 4*, was serialised in the *Mail on Sunday* and is currently in TV development with scripts being written by the writer of the hit TV comedy *Rev*.



[THE LITTLE GIRL IN THE RADIATOR](#)

[Mum, Alzheimer's and Me](#)

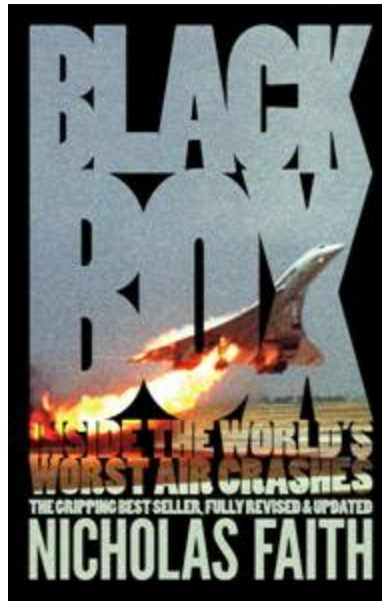
'Deeply loving yet wryly comic... The most moving portrait of this cruel disease you'll ever read' - *The Daily Mail*

THE LITTLE GIRL IN THE RADIATOR is a tale of love, loss and family: the touching, sometimes hilarious and occasionally heartbreaking story of a man's struggle to care for his mother after her diagnosis with Alzheimer's disease.

Martin Slevin's mum was a highly active, very intelligent and fiercely independent woman who ran her own business and ruled Martin and his father with a rod of iron. But after Martin's dad dies, her life crumbles, and she becomes listless and forgetful.

Eventually, she is diagnosed with Alzheimer's, and Martin puts his own life on hold to care for her. Together, they embark on a journey

through the various stages of the condition; the destination is never in doubt, but along the way there are many lighter moments, as she watches TV with a frozen goose, shaves the dog's bottom, holds sing-songs with an imaginary Irish band and pins all of Martin's socks to the wall. And all the time, the question nags away at him: who is the little girl in the radiator, with whom his mum has urgent, whispered conversations each day?



[BLACK BOX](#)

[Inside the World's Worst Air Crashes](#)

A STATE-OF-THE-ART Airbus simply vanishes somewhere over the Atlantic... A Concorde goes down in a fireball seconds after take-off... 583 people die when two 747s collide on a fog-bound runway... A rogue passenger shoots his boss – and then the pilots – at 30,000ft over the USA, killing everyone aboard... A tired and confused crew fly their jet straight into a mountain... A flock of swans at 6,000ft brings down a United Airlines flight over New Jersey... In the air, disaster strikes in many ways and at unexpected moments – and when it does there is often no escape.

In this masterful re-telling of the worst disasters in aviation history Nicholas Faith painstakingly recreates the accidents and explains what went wrong. It's a gripping, fascinating and chilling book.

Nicholas Faith is a highly-respected writer who has worked for *The Sunday Times*, *The Economist* and *The Financial Times*.



[OUR MAN IN ORLANDO](#)

[Murder, Mayhem and Madness in the Sunshine State](#)

FLORIDA: a land of dazzling white sands, sizzling sun... and utterly incompetent British criminals.

Like the woman who hijacked a helicopter to bust her husband out of Death Row, the gap year student who robbed a bank and tried to escape on a kid's bike and the unlucky Londoner who kidnapped the wrong guy and wound up serving 1,285 years in jail.

As British consul in our nation's favourite holiday hotspot, Hugh Hunter has seen them all – murderers, small-time conmen and big-time drug dealers (plus ordinary families whose dream vacations turned to nightmares).

Our Man in Orlando is his astonishing true story of a decade spent dealing with clueless, witless and hopeless Brits abroad.

Our Man in Orlando was serialised in *The Times* and *The Week* magazine and the book is about to be turned into a major new television drama.



[WASTING MORE POLICE TIME](#)

[Further Adventures in La-La Land](#)

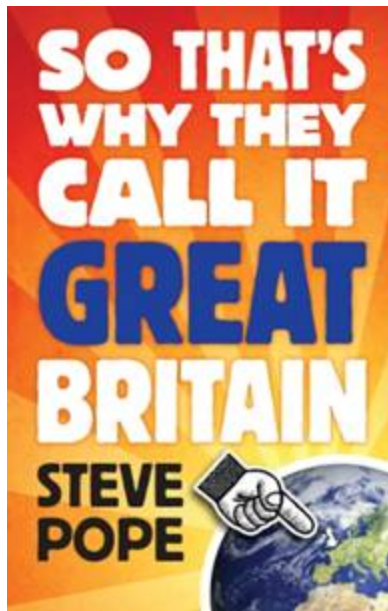
The long-awaited follow-up to the best-selling *Wasting Police Time*. *Wasting More Police Time* takes readers back to the front line of British policing for more fascinating stories and insights.

PC David Copperfield was widely praised for the first book, which lifted the lid on bureaucracy, mismanagement and lunacy in the modern force. Now police officers from all over the UK, from PCs to chief inspectors, talk about the job, its frustrations, excitement and tragedies.

They shed light on everything from policing riots and violent protests to dealing with drunks and drug addicts and breaking the news of a

loved one's death to their next of kin.

A 'Talking Blues' for the 21st century.



[SO THAT'S WHY THEY CALL IT GREAT BRITAIN](#)

Did you know that chocolate bars, fizzy drinks and the flushing loo are all British inventions?

We also gave the world computers, the iPod and the cash machine, as well as text messaging, the light bulb and the collapsible umbrella.

There were more serious inventions like ibuprofen, anaesthetics, inoculations and antibiotics. We unlocked the DNA code, produced the world's first test tube baby and invented ultrasound.

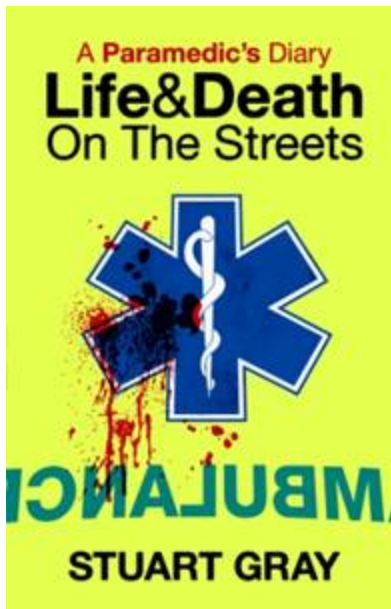
Trains, planes and automobiles revolutionised the way we travel and our advancements with computer technology gave everyone the world wide web.

Not bad for a country which covers less than half of one per cent of the earth's land mass.

Most of the world's major sports originated here and the television set that they are watched on was also invented by a Brit.

In this quirky new book, Steve Pope reveals the stories behind some of the world's most remarkable inventions and discoveries - and all of them are British.

Presented in an easy to read A-Z format, *So That's Why They Call It Great Britain* is quite simply crammed full of fascinating facts. This book shows –with tons of humour, unknown facts and weird stories – just why our country is called GREAT Britain



[A PARAMEDIC'S DIARY](#)

[Life and Death on the Streets](#)

STUART GRAY is a paramedic dealing with the worst life can throw at him.

A Paramedic's Diary is his gripping, blow-by-blow account of a year in on the streets - 12 roller-coaster months of enormous highs and tragic lows. One day he'll save a young mother's life as she gives birth, the next he might watch a young girl die on the tarmac in front of him after a hit-and-run. His is a world of hoax calls, drunks and druggies, terrorist bombings and gangland shootings. A gripping, entertaining and often amusing read.

The Times named Stuart Gray as one of the 40 Bloggers who really count and said that he 'encounters more blood-curdling drama on a single shift than most people would in a year' and that his writing is 'compelling and plainly written.'